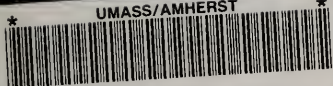



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The Commonwealth of Massachusetts

REPORT OF THE DEPARTMENT OF MENTAL HEALTH NOVEMBER 30, 1938

COMMISSIONER

CLIFTON T. PERKINS, M.D. Brookline

ASSISTANT COMMISSIONER

BARDWELL H. FLOWER, M.D. Auburndale

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The Commonwealth of Massachusetts

100 Nashua Street
Boston, Massachusetts

To His Excellency the Governor and Honorable Council:

The nineteenth annual report of the Massachusetts Department of Mental Health for the year ending November 30, 1938 is respectfully submitted herewith. The matters relating to general statistics, however, cover the year ending September 30th.

CLIFTON T. PERKINS, M.D.

Commissioner.

REPORT OF THE MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

DUTIES OF THE DEPARTMENT

The Department functioned as the Department of Mental Diseases until October 5, 1938, the effective date of Chapter 486 of the Acts of 1938 which is the reorganization Act creating the new Department of Mental Health.

The Department has general supervision of all public and private institutions for the mentally ill, mentally defective, epileptic, and of persons in private hospitals addicted to the intemperate use of narcotics and stimulants. It has the right to make investigations and recommendations as to any matter relating to the classes under care, but the local administration of each State institution is under the control of its own Board of Trustees appointed by the Governor and Council.

The direct powers of the Department concern the interrelations of institutions and matters which are common to them all, such as the distribution and transfer of patients between them, deportation of patients to other states and countries, and the determination within statutory limits of the amount to be charged for the support of patients in institutions.

The work of construction under special appropriations for new buildings and unusual repairs is under the control of the Department, and also expenditures of money for such purposes. The Department is required to prepare plans for buildings and also to select land to be taken by the Commonwealth for new or existing institutions.

All requirements for maintenance appropriations are analyzed by the Department.

The statutes relating to the Department of Mental Health are to be found in Chapters 19, 123 and 486 of the General Laws.

CHANGES IN PERSONNEL

ASSOCIATE COMMISSIONERS

In creating a new Department of Mental Health, the Legislature failed to include the former Board of Associate Commissioners as part of the new organization. The members of this Board were as follows:

Dr. Henry M. Pollock served continuously as Associate Commissioner since his appointment on August 3, 1916 and was the only surviving member of the original board.

Mr. Samuel Kalesky was appointed Associate Commissioner on July 1, 1931, to succeed Mr. John B. Tivnan, deceased.

Mr. Timothy W. Fitzgerald of Salem, Massachusetts, was appointed Associate Commissioner on August 2, 1933, to fill the unexpired term of Mr. Elmer A. Stevens, who died on August 10, 1932.

Dr. A. Warren Stearns of Billerica, Massachusetts, Dean of Tufts College Medical School, Boston, was appointed Associate Commissioner of the Department on November 28, 1934, to succeed Dr. Charles G. Dewey.

The Department acknowledges with gratitude the sincere and unselfish service which the Associate Commissioners rendered to the Commonwealth throughout the years.

CLIFTON T. PERKINS, M.D.

On October 5, 1938, Dr. Clifton T. Perkins was appointed Commissioner of the newly organized Department of Mental Health.

Dr. Perkins was born in Auburn, Maine. He was educated in the public schools of Rochester and Farmington, New Hampshire; he received the degree of A.B. from Bates College in 1922, and the degree of M.D. from the Boston University School of Medicine in 1926.

From 1926-1927, Dr. Perkins was interne at the Massachusetts Memorial Hospitals, Boston; 1927-1938, Senior physician at the Worcester State Hospital, Worcester, Mass.; 1928-1930 Acting Assistant Superintendent Worcester State Hospital; 1930-1932, Assistant Superintendent, Worcester State Hospital; December 1, 1935-June 23, 1937, Assistant to the Commissioner, Department of Mental Diseases, State House, Boston; December 1, 1935-July 1937, State Expert for the Examination of Insane Criminals; Assistant Commissioner, Department of Mental Diseases, June 23, 1937 to May 6, 1938; Acting Commissioner, Department of Mental Diseases, May 6, 1938 to October 19, 1938.

Dr. Perkins has held the following offices: — Instructor in therapeutics (physical), B. U. School of Medicine; 1931-1936; 1932-1936, Instructor in clinical psychiatry, B. U. School of Medicine; Chairman, Public Health Committee, Worcester Rotary Club, 1935; Pres. Worcester County Bates Alumni Assoc. 1934-1935. Formerly Member, Council for Clinical Training of Theological Students; Captain, Company D, 101st Medical Reg., 26th Div. Mass. National Guard.

He holds membership in the following societies and clubs: — Norfolk County, Medical Society; Massachusetts Medical Society; American Medical Association; Massachusetts Psychiatric Society; New England Society of Psychiatry; Fellow American Psychiatric Association; American Association on Mental Deficiency; Boston City. He is a Diplomate of the National Board of Medical Examiners and a Diplomate of the American Board of Psychiatry and Neurology, Inc.

Dr. Perkins has made several contributions of a scientific and technical nature to medical literature.

BARDWELL H. FLOWER, M.D.

On October 26, 1938, Dr. Bardwell H. Flower was appointed Assistant Commissioner by Dr. Clifton T. Perkins, Commissioner of the Department of Mental Health, and his appointment was approved by the Governor, Charles F. Hurley, and Executive Council, the same day. The doctor qualified under this appointment on November 14, 1938.

Dr. Flower was born in Rupert, Vermont. He was graduated from the Troy Conference Academy, Poughkeepsie, Vermont, in 1919. In 1923 he received the degree of A.B. from Wesleyan University, Middletown, Conn., and the degree of M.D. from Harvard Medical School, Boston, in 1928. He did graduate work at the Wesleyan University in Middletown, Conn. during the school year 1923-1924. From 1925-1927 he was student interne at the Boston Psychopathic Hospital; September 1928-March 1929, Interne, Worcester State Hospital, Worcester, Mass.; March 1929-January 1, 1931, Interne, Worcester City Hospital, Worcester, Mass.; January 1, 1931-March 4, 1934, Senior Physician, Worcester State Hospital, Worcester, Mass.; March 4, 1934 to October 26, 1939, Assistant Superintendent, Grafton State Hospital, North Grafton, Massachusetts.

Dr. Flower is a Diplomate of the American Board of Psychiatry and Neurology, Inc. He is a member of the following societies: American Medical Association; Massachusetts Medical Society; Worcester District Medical Society; American Psychiatric Association; New England Society of Psychiatry; Massachusetts Psychiatric Society. He is First Lieutenant, Medical Corps, Organized Reserve, Massachusetts.

FRANCIS H. SLEEPER, M.D.

On October 26, 1939, Dr. Francis H. Sleeper was appointed Director of Hospital Inspection.

Dr. Sleeper was born in Houlton, Maine. He received his premedical education at Bowdoin College. He received his medical training at Bowdoin, Harvard and Boston University, obtaining the degree of M.D. from the latter institution. From 1924-1925 he interned at the Massachusetts Memorial Hospital; 1925-1926, Resident physician at the same institution; 1926-1935, Assistant in endocrinology, Evans Memorial Hospital; 1926-1927, Senior Physician, Worcester State Hospital; 1927-1928, Acting Director, Clinical Psychiatry; 1928-1929, Acting Assistant Superintendent, Worcester State Hospital; 1929-1930, Assistant Superintendent, Worcester State Hospital; 1930-1937, Resident Director-Research; 1935-October 26, 1938, Assistant Superintendent, Worcester State Hospital.

He is a member of the following medical societies: Massachusetts Medical Society; American Medical Association; Massachusetts Psychiatric Association; New England Psychiatric Association; American Psychiatric Association; Associate — American College of Physicians. He is a diplomate of the American Board of Psychiatry and Neurology, Inc.

Dr. Sleeper is also a member of the Sigma Nu Fraternity, Alpha Kappa Kappa, and the Worcester Rotary Club. He is Captain, medical corps, Company G 101 Medical Regiment, Massachusetts National Guard, (formerly commanding officer) the hospital company of the 26th Division.

Dr. Sleeper has contributed to psychiatric literature, particularly regarding Dementia Praecox and its treatment.

WILLIAM C. GAEBLER, M.D.

On October 31, 1939, Dr. William C. Gaebler was appointed Assistant to the Commissioner.

Dr. Gaebler was born in Poughkeepsie, New York. He received his education in the Poughkeepsie public schools. He received his premedical education at New York University and New York Homeopathic Medical College. He received his degree of M.D. from the New York Homeopathic Medical College in 1920. From 1920-1922, interned at Metropolitan Hospital, City of New York and Middletown Homeopathic State Hospital, Middletown, N. Y.; 1922-1924, Assistant Physician at the Westborough State Hospital; 1924-1929, Senior Physician at the Westborough State Hospital; 1929 to October 31, 1938, Assistant Superintendent at the Foxborough State Hospital.

Dr. Gaebler is a Diplomate of the American Board of Psychiatry and Neurology, Inc. He holds membership in the following societies: New England Psychiatric Society; Massachusetts Psychiatric Society; American Psychiatric Society (Fellow); Norfolk District Medical Society; Massachusetts Medical Society; Society for Mental Hygiene. He was a Private in the Enlisted Medical Reserve Corps during the World War.

EDGAR C. YERBURY, M.D.

On November 13, 1938, Dr. Edgar C. Yerbury was appointed full time Director of the Division of Mental Hygiene and Research. This is the first time there has ever been a full time director in this position.

Dr. Yerbury was born in Brooklyn, New York. He was educated in the public schools and Manual Training High School in Brooklyn, New York. From 1915-1916 he received premedical course under the supervision of the New York University. He received the degree of M.D. from the Boston University School of Medicine in 1921. He interned at Cumberland Street Hospital, Brooklyn, New York and the Massachusetts Memorial Hospital, Boston, Mass.

During the year 1921 he was Acting Superintendent at Woodside Cottages in Framingham, Mass. From 1921-1928 he was assistant and senior physician, Westborough State Hospital, Westborough; 1928 to November 13, 1938 he was Assistant Superintendent of the Danvers State Hospital. During this time he has directed the work of the Travelling School Clinics and Child Guidance Clinics of the Danvers State Hospital.

Dr. Yerbury is a Diplomate of the American Board of Psychiatry and Neurology, Inc. He holds membership in the following societies: American Medical Association; Massachusetts Medical Society; American Psychiatric Association; New England Society of Psychiatry; Massachusetts Psychiatric Society; American Association for the Advancement of Science; Massachusetts Association for Occupational Therapy (Past President); American Occupational Therapy Association; Executive Committee of the Essex South District Medical Society; Director and Vice-President of the Danvers Rotary Club.

NEIL A. DAYTON, M.D.

Dr. Neil A. Dayton, was reappointed as Director of the newly created Division of Statistics and Mental Deficiency on November 16, 1938. He received his M.D. from Ohio State University in 1915 and had two years internship at the Huron Road Hospital, Cleveland, and the Metropolitan Hospital, New York. He was Chief of the Resident Staff at this hospital the last six months of his service there in 1917.

Dr. Dayton served overseas as a Lieutenant and Captain in the Medical Corps during the World War and was awarded the Military Cross by the British Government in 1918.

He entered the Massachusetts service in 1919 as Assistant Physician at the Westborough State Hospital and was made Senior Assistant Physician in 1920; transferred to Wrentham State School in 1922, he was promoted to Assistant Superintendent in 1923 and in this position he served until his appointment as Assistant to the Commissioner in 1926. He was appointed Director of the Division of Mental Deficiency and also Director of the Division of Statistics in 1927. In 1928 he was appointed Director of the Department Rockefeller Research Project in Mental Diseases and Mental Deficiency.

Dr. Dayton is Instructor in Psychiatry at Tufts Medical School. He is a diplomate of the American Board of Psychiatry and Neurology, is a member of several psychiatric and medical societies, is President of the American Association on Mental Deficiency, and is the author of numerous articles on mental diseases and mental deficiency.

DOUGLAS A. THOM, M.D.

Dr. Douglas A. Thom retained his position as consultant on a part-time basis, in the Division of Mental Hygiene.

HANS MOLHOLM, M.D.

On October 15, 1938, Dr. Molholm was appointed as part-time psychiatrist in the Division of Mental Hygiene, working in the child guidance clinics. He received his preliminary education in Lakewood, Colorado, where he resided until he came to Massachusetts in 1921. He graduated from Harvard College in 1926 and from the Harvard Medical School in 1931. He was licensed to practice medicine in Massachusetts the same year. He is married and has two children and, previous to his appointment to the Worcester State Hospital, resided in Cambridge.

Following his graduation from Harvard Medical School, Dr. Molholm served as an interne under Dr. Stanley Cobb at the Boston City Hospital from May, 1931 to May, 1932, and from May, 1932 to May, 1933 he was on the staff of the Boston Psychopathic Hospital as an assistant physician. Following this, he did research work under the Harvard Committee on Industrial Physiology from May, 1933 to September, 1934, and from September, 1935 to September, 1938. He served as psychiatric adviser to the students of Harvard University from September, 1934 to September, 1935, during the last year of Dr. Alfred Worcester's regime. From 1935 until his appointment to Worcester, he was on the staff of the Massachusetts General Hospital as assistant in psychiatry.

OLIVE A. COOPER, M.D.

On October 21, 1938, Dr. Olive A. Cooper, Assistant to the Director of the Division of Mental Hygiene in the Massachusetts Department of Mental Health, was appointed Director of the Child Guidance Clinic, located at the Wesson Memorial Hospital in Springfield, Mass.

Dr. Cooper was born in Boston. She graduated from Tufts Medical School in 1920, receiving the degree of M.D. She served internships at the New England Hospital for Women and Children and Long Island Hospital. Following these, she was Assistant Physician at the Medfield State Hospital and the Boston Psychopathic Hospital. She holds membership in the following Medical Societies: Massachusetts Medical Society; American Psychiatric Society; Massachusetts Psychiatric Society; New England Psychiatric Society; Boston Society of Neurology and Psychiatry.

Dr. Cooper is one of the few women to become a diplomate of the American Board of Psychiatry and Neurology, Inc. She has contributed to literature concerning mental hygiene.

The clinic of which Dr. Cooper is the Director is conducted through the efforts of the Springfield Council of Social Agencies, Junior League, and the Wesson Memorial Hospital in cooperation with the Department of Mental Health. Although the new clinic is designed primarily for children it will also be open to adolescents.

ELLA P. CAHILL, M.D.

On November 20, 1939, Dr. Ella P. Cahill was appointed Assistant to the Director of Mental Hygiene, to succeed Dr. Olive A. Cooper.

Dr. Cahill was born at Lowell, Mass. She was graduated from Bradford Junior College and received her premedical education at Jackson College. She graduated from Tufts College Medical School in 1928, receiving the degree of M.D. She served her internship at the New England Hospital for Women and Children.

Dr. Cahill has been a member of the staff of the former Department of Mental Diseases for the past eight years and during that time has been associated with the out-patient department at the Boston Psychopathic Hospital and the Habit Clinic under Dr. Douglas A. Thom.

HENRY R. ROSE

On December 6, 1938, Henry R. Rose, Assistant to the Business Agent in the Department of Mental Health was appointed Steward at the Walter E. Fernald State School.

Mr. Rose was born in Boston. He received his education in the Lawrence Grammar

School and the Dorchester High School. He also attended the New York University. He held the position of Assistant to the Business Agent in the department for two years.

JOHN F. ASPELL

On October 26, 1938, John F. Aspell was named Assistant to the Business Agent in the Department of Mental Health. Prior to his appointment, Mr. Aspell was a member of the House of Representatives.

DANIEL F. FARRELL

On October 26, 1938, Daniel F. Farrell was named Assistant to the Business Agent of the Department of Mental Health. Prior to his appointment Mr. Farrell was Assistant Secretary to His Excellency, Charles F. Hurley.

Mr. Farrell received his education in the Mercer Grammar School and St. Joseph's High School of Pittsfield. He was graduated from Georgetown University, Washington, D. C., in 1931, receiving the degree of A.B.

ALBERT E. HOUDE

On October 26, 1938, Albert E. Houde was appointed Commissary Agent in the Department of Mental Health. This is a new position in the department, the title and salary range being established by the Governor and Council at a meeting held September 21, 1938.

Mr. Houde was born in Brockton. He was graduated from Holy Cross College in 1925 receiving the degree of A.B.

During the years 1926 up to the time of his present appointment, Mr. Houde has been employed by some of the most prominent restaurants in various capacities.

ACTIVITIES OF THE DEPARTMENT

MENTAL EXAMINATION OF PERSONS COMING BEFORE THE COURTS

During the year, 685 cases have been examined under the so-called "Briggs Law", Section 100A, Chapter 123, of the General Laws.

Sixty-five cases were examined under Section 99, Chapter 123 of the General Laws, during the year.

EXAMINATION OF JUVENILE DELINQUENTS

The examination of juvenile delinquents prior to commitment (Section 58-A, Chapter 119, General Laws, Tercentenary Edition) was conducted by the following clinics:

Boston Psychopathic Hospital	Northampton State Hospital
Boston State Hospital	Taunton State Hospital
Danvers State Hospital	Westborough State Hospital
Foxborough State Hospital	Worcester State Hospital
Gardner State Hospital	Walter E. Fernald State School
Grafton State Hospital	Wrentham State School
Medfield State Hospital	Belchertown State School
Monson State Hospital	Dr. Henry M. Baker

Judge Baker Guidance Center

There were 992 children examined during the year 1937-1938. This showed a decrease of about 19% over the number examined the previous year. Of those examined this year only 333 patients or 33% were classified as normal, 438 patients or 44% were classified as subnormal, 208 patients or 21% were classified as feeble-minded, 10 children or 1% were classified as psychotic and 3 children or .3% were classified as psychotic with feeble-mindedness. In other words 67% or two-thirds of all the children examined were found to be abnormal.

It is gratifying to learn of the excellent and complete cooperation in some communities between the clinics, courts, judges, probation officers and police officials, where recommendations are followed and there is satisfactory follow-up work done by interested officials in the adjustment of these children in the community.

There are still a few communities where examinations are requested in order to comply with the letter of the law. Here children are examined under trying conditions after they have been sentenced and are on their way to correctional institutions.

On the whole, however, courts are increasingly aware of the advantages and value of the work of the clinics.

GENERAL MATTERS

CONFERENCES

Four conferences of the Commissioner, Superintendents of the State Institutions under the Department and the department officials, were held during the year.

CHANGES IN PRIVATE INSTITUTIONS

On September 27, 1938, it was voted by the Department of Mental Diseases to approve the change of location of the Lila Sanatorium from 1557 Massachusetts Avenue, Lexington, to 732 Main Street, Woburn, Mass.

DEPORTATIONS

One hundred fifty cases were considered for deportation during 1938, in comparison to 165 cases in 1937. The Department deported 63 to other states and none to other countries, and, in addition the United States Department of Labor deported 9 to other countries; in all, 72.

Since October 1, 1898, 4,874 patients have been deported by this Department.

Details of the disposition of cases under consideration for deportation are shown in Table 175.

NEW LEGISLATION — 1938

CHAPTER 226. — *An Act relative to the Compensation of Certain Persons designated to examine Alleged Insane Prisoners.*

Be it enacted, etc., as follows:

Section one hundred and two of chapter one hundred and twenty-three of the General Laws, as most recently amended by chapter fifteen of the acts of nineteen hundred and thirty-four, is hereby further amended by adding at the end the following new paragraph: —

The person who makes such examination of a prisoner hereunder shall, if he is not a salaried officer of the department, receive four dollars for each examination and twenty cents for each mile travelled one way which shall be paid from the annual appropriation of the institution in which the prisoner is examined. (*Approved April 21, 1938.*)

CHAPTER 254. — *An Act relative to the Parole and Discharge of Defective Delinquents.*

Be it enacted, etc., as follows:

SECTION 1. Section eighty-nine B of chapter one hundred and twenty-three of the General Laws, as appearing in the Tercentenary Edition, is hereby amended by inserting after the word "that" in the eighth line the following: —, except in the case of an inmate of a department for defective delinquents, — so as to read as follows: — *Section 89B.* If, at said hearing, the contention of the petitioner is sustained, the probate court may order the immediate discharge of such person and file a copy of such order with the commissioner of mental diseases or the commissioner of correction, as the case may be, and such person shall thereupon be discharged accordingly. If such contention is not sustained, such person shall be remanded to the custody or supervision of the department of mental diseases or to the department for defective delinquents; provided, that, except in the case of an inmate of a department for defective delinquents, the probate court may, in lieu of such immediate discharge or remand, permit such person to remain in the custody of a relative or friend who shall give security, to be approved by the court, for his safe care and custody and for his appearance in court whenever required, until discharged or remanded as herein provided.

SECTION 2. Said chapter one hundred and twenty-three is hereby further amended by striking out section one hundred and eighteen, as so appearing, and inserting in place thereof the following: — *Section 118.* The parole board of the department of correction may parole inmates of the departments for defective delinquents or drug addicts on such conditions as it deems best, and may, at any time during the parole period, recall to the institution any inmate paroled. Said board shall not entertain a petition for parole of a person confined in the department for defective delinquents at the state farm, unless and until the superintendent thereof and the medical director appointed under section forty-eight of chapter one hundred and twenty-five certify to said board that such person is mentally and physically capable of taking his place in the community. In all other respects the parole of defective delinquents may be regulated by rules of the parole board.

SECTION 3. Said chapter one hundred and twenty-three is hereby further amended by striking out section one hundred and nineteen, as so appearing, and inserting in place thereof the following: — *Section 119.* Any person may apply at any time to the justice

Examination of Juvenile Delinquents
October 1, 1937-October 1, 1938

AGE GROUPS	TOTAL			NORMAL			SUB-NORMAL			FEEBLEMINDED			PSYCHOTIC			PSYCHOSIS WITH FEEBLEMINDEDNESS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 12	92	6	98	38	3	41	40	3	43	13	-	13	1	-	1	-	-	-
12-15	324	66	390	120	21	141	131	32	163	67	13	80	4	-	4	2	-	2
15-18	394	110	504	121	30	151	180	52	232	87	28	115	5	-	5	1	-	1
Totals	810	182	992	279	54	333	351	87	438	167	41	208	10	-	10	3	-	3
Per cent	34.44	29.67	33.57	43.33	47.80	44.15	20.62	22.53	20.97	1.24	-	1.01	1.24	-	1.01	.37	-	.30
Per cent 1936-1937	46.31	33.79	44.05	32.87	42.34	34.58	19.42	22.97	20.06	1.20	-	.98	1.20	-	.98	.20	.90	.33
Per cent 1935-1936	31.21	26.62	30.54	51.10	51.30	51.13	16.15	21.43	16.92	1.21	.65	1.13	1.21	.65	1.13	.33	-	.28

of the district court in whose jurisdiction a department for drug addicts is located, for the discharge of any inmate of said department. A hearing shall thereupon be held, of which notice shall be given to the applicant and to the person in charge of the institution where the inmate is confined. If after the hearing the justice shall find that it is probable that the inmate can be allowed to be at large without serious injury to himself, or damage or injury or annoyance to others, he may order the person having custody of said inmate to parole him. Further action on the application for the inmate's discharge shall be suspended for one year from the date of his parole. If, at any time prior to the expiration of said year, the justice of the court where the application was filed shall be satisfied that the best interests of said inmate, or of the public, require the recall of the inmate from parole, he may authorize the person having custody of the inmate to so recall him. If an application is denied, a new application shall not be made within one year after the date of the order denying the previous application. If at the end of said year the justice shall find that said inmate can be allowed to be permanently at large without serious injury to himself, or damage or injury or annoyance to others, he may order the person having custody of said inmate to discharge him. If a person discharged under this section is found by any court to have committed, after his discharge, any offence against the laws of the commonwealth, said court may commit such person to a department for drug addicts, without the certificate of any physician. (*Approved April 28, 1938.*)

CHAPTER 302. — *An Act providing for Regulation of Plumbing in Buildings owned and used by the Commonwealth.*

Be it enacted, etc., as follows:

Chapter one hundred and forty-two of the General Laws is hereby amended by inserting after section twenty, as appearing in the Tercentenary Edition, the following new section: — *Section 21.* The examiners shall formulate rules relative to the construction, alteration, repair and inspection of all plumbing work in buildings owned and used by the commonwealth, subject to the approval of the department of public health, and all plans for plumbing in such buildings shall be subject to the approval of the examiners. (*Approved May 12, 1938.*)

CHAPTER 310. — *An Act relative to the payment of rental by the Commonwealth to the City of Worcester for the use of its sewerage system for the sewage of the Worcester State Hospital.*

Be it enacted, etc., as follows:

Chapter three hundred and sixty-three of the Special Acts of nineteen hundred and sixteen is hereby amended by striking out section two, as most recently amended by chapter one hundred and eighty of the acts of nineteen hundred and twenty-three, and inserting in place thereof the following: — *Section 2.* The commonwealth shall pay to the city of Worcester as rental for the use of its sewerage system for the sewage of the Worcester state hospital the sum of thirty-one hundred dollars annually for a period of five years, beginning with the first day of January, nineteen hundred and thirty-eight. (*Approved May 12, 1938.*)

CHAPTER 486. — *An Act changing the name of the Department of Mental Diseases, abolishing the Associate Commissionerships therein, providing for an Acting Commissioner therein in certain cases, and further defining the powers and duties of said department, its officers and employees and of the trustees of institutions under its control.*

Be it enacted, etc., as follows:

SECTION 1. The name of the department of mental diseases is hereby changed to the department of mental health.

SECTION 2. Chapter nineteen of the General Laws is hereby amended by striking out section one, as appearing in the Tercentenary Edition, and inserting in place thereof the following: — *Section 1.* There shall be a department of mental health, in this chapter called the department, and a commissioner of mental health who shall have the exclusive supervision and control of the department. All action of the department shall be taken by the commissioner or, under his direction, by such agents or subordinate officers as he may determine. In the event of the disability or absence of the commissioner, or of a vacancy in his office by reason of death or otherwise, an assistant commissioner of mental health, who shall be appointed by the commissioner, with the approval of the governor and council, shall exercise the powers and perform the duties of the commissioner. Such assistant commissioner shall also perform such other duties as the commissioner may prescribe. The commissioner and assistant commissioner shall be physicians who are diplomates in psychiatry of the American Board of Psy-

chiatry and Neurology, Incorporated, and shall have had at least five years' experience on the resident administrative staff of a state or federal hospital for mental diseases or in any equivalent psychiatric organization, or at least four years' experience as aforesaid and at least one year's experience in the department controlling such hospital. In the event of the death, absence or disability of both the commissioner and the assistant commissioner, the governor, with the advice and consent of the council, may appoint an acting commissioner, who shall serve until the commissioner or the assistant commissioner is able to perform the duties of the office.

SECTION 3. Said chapter nineteen is hereby further amended by striking out section two, as so appearing, and inserting in place thereof the following: — *Section 2.* Upon the expiration of the term of office of a commissioner, his successor shall be appointed for six years by the governor, with the advice and consent of the council. The commissioner shall receive such salary, not exceeding ten thousand dollars, and the assistant commissioner such salary, not exceeding seventy-five hundred dollars, as the governor and council may determine. The commissioner and assistant commissioner shall be reimbursed for expenses necessarily incurred in the performance of their duties, and shall devote their entire time to the affairs of the department.

SECTION 4. Section three of said chapter nineteen, as so appearing, is hereby repealed.

SECTION 5. Said chapter nineteen is hereby further amended by striking out section four, as so appearing, and inserting in place thereof the following: — *Section 4.* The commissioner may organize in the department such divisions as he may determine. He shall appoint and may remove such agents and subordinate officers as he may deem necessary. Physicians, pathologists and psychiatrists shall be exempt from chapter thirty-one.

SECTION 6. Section four A of said chapter nineteen, as so appearing, is hereby amended by striking out, in the second line, the words "under the supervision" and inserting in place thereof the words: — in charge, — so as to read as follows: — *Section 4A.* There shall be in the department a division of mental hygiene, in charge of a director. The commissioner, with the approval of the governor and council, may employ such expert assistance to serve in said division as may be necessary.

SECTION 7. Section one of chapter one hundred and twenty-three of the General Laws, as appearing in the Tercentenary Edition, is hereby amended by striking out the definitions of "Commissioner" and "Department" and inserting in place thereof the following: —

"Commissioner", commissioner of mental health.

"Department", the department of mental health acting by and through the commissioner of mental health, or by and through the assistant commissioner of mental health in case of the disability or absence of the commissioner, or in case of a vacancy in his office by reason of death or otherwise, or by and through an acting commissioner of mental health in case of the absence or disability of the commissioner and the assistant commissioner.

SECTION 8. Said chapter one hundred and twenty-three is hereby further amended by striking out section four, as so appearing, and inserting in place thereof the following: — *Section 4.* The commissioner shall administer the laws relative to persons in institutions under his general supervision.

SECTION 9. Said chapter one hundred and twenty-three is hereby further amended by striking out section sixteen, as so appearing, and inserting in place thereof the following: — *Section 16.* The superintendent of each state hospital may place at board in a suitable family or in a place in this commonwealth or elsewhere any patient in such hospital who is in the charge of the department and is quiet and not dangerous nor committed as a dipsomaniac or inebriate, nor addicted to the intemperate use of narcotics or stimulants. The cost to the commonwealth of the board of such patients supported at the public expense shall not exceed four dollars and fifty cents a week for each patient.

SECTION 10. Section sixteen A of said chapter one hundred and twenty-three, as so appearing, is hereby amended by striking out, in the first and second lines, the words "department, or the trustees of state hospitals with the approval of the department" and inserting in place thereof the words: — superintendent of each state hospital, — by striking out, in the fourth line, the words "they believe" and inserting in place thereof the words: — he believes, — and by striking out, in the fifth, sixth and seventh lines, the words "Any such patient in a state hospital so placed at board by the trustees thereof, shall be deemed to be an inmate of the state hospital", — so as to read as follows: —

Section 16A. The superintendent of each state hospital may place at board, under direction, in approved private homes, with provisions for occupational therapy, such patients under supervision as he believes will be benefited from a period of training therein. The number of patients so placed shall be approved by the department. The cost to the commonwealth of the board of such patients supported at the public expense shall not be limited by the amount specified in section sixteen.

SECTION 11. Section twenty-six of said chapter one hundred and twenty-three, as so appearing, is hereby repealed.

SECTION 12. Said chapter one hundred and twenty-three is hereby further amended by striking out section twenty-eight, as so appearing, and inserting in place thereof the following: — *Section 28.* The trustees of each state hospital, with the approval of the state treasurer, shall appoint and may remove from such state hospital a treasurer, who shall give bond for the faithful performance of his duties. Said trustees, with the approval of the department, shall appoint a superintendent, who shall be a physician who is a diplomate in psychiatry of the American Board of Psychiatry and Neurology, Incorporated, and shall have had at least four years administrative experience in a state or federal hospital for mental diseases or in any equivalent psychiatric organization, or at least three years' experience as aforesaid and at least one year's experience in the department controlling such hospital. The superintendent, with the approval of the trustees, shall appoint and may remove assistant physicians and necessary subordinate officers and other persons. A superintendent of a state hospital may be removed by the trustees thereof, with the approval of the department, for inefficiency, failure to perform duties properly or other good cause. A superintendent sought to be so removed shall be notified of the proposed action, shall be furnished with a copy of the reasons therefor and shall be given a hearing before the trustees, and be allowed to answer the charges preferred against him, either personally or by counsel. Within twenty days after the hearing hereinbefore provided for, said superintendent may bring a petition in the superior court within and for the county wherein he resides, praying that the action of said trustees may be reviewed by the court, and, after such notice to such trustees as the court deems necessary, it shall review such action, hear the witnesses, and shall affirm the decision of the trustees unless it shall appear that such decision was made without proper cause or in bad faith, in which case said decision shall be reversed and the petitioner be reinstated in his office without loss of compensation. The decision of the court shall be final and conclusive upon the parties.

SECTION 13. Said chapter one hundred and twenty-three is hereby further amended by striking out section twenty-nine, as so appearing, and inserting in place thereof the following: — *Section 29.* (a) The trustees of each state hospital shall visit and familiarize themselves with their respective state hospitals, and may from time to time make suggestions to the department as to improvements therein, especially such as will make the administration thereof more effective, economical and humane.

(b) All trustees shall have free access to all books, records, and accounts pertaining to their respective state hospitals, and shall be admitted at all times to the buildings and premises thereof.

(c) They shall keep a record of their doings and shall record their visits to the state hospitals in a book kept there for that purpose. They shall transmit promptly to the department a copy of the proceedings of each meeting.

(d) They may personally hear and investigate the complaints and requests of any inmate, his attorney, guardian, conservator or next friend, or any officer or employee of the state hospital. If they deem any such matter of sufficient importance, after determining what, if anything, should be done relative thereto, they shall make written report of their determination to the department.

(e) They may at any time cause the superintendent or any officer or employee of their respective state hospital to appear before them and answer any questions or produce any books or documents relative to the state hospital.

SECTION 14. Said chapter one hundred and twenty-three is hereby further amended by striking out section thirty, as so appearing, and inserting in place thereof the following: — *Section 30.* The superintendent of each state hospital, subject to the rules and regulations of the department, shall cause to be given to the nurses, attendants and patients thereof instruction in such arts, crafts, manual training, kindergarten and other branches and lines of occupation as may be appropriate for the patients to undertake, especially such patients as are physically unfit to perform the usual work in or about the hospitals.

SECTION 15. Said chapter one hundred and twenty-three is hereby further amended by striking out section thirty-one, as so appearing, and inserting in place thereof the following:— *Section 31.* The commissioner shall cause all persons in his charge who are placed at board in families at public expense to be visited at least once in three months.

SECTION 16. Said chapter one hundred and twenty-three is hereby further amended by striking out section thirty-two, as amended by chapter one hundred and fifteen of the acts of nineteen hundred and thirty-three, and inserting in place thereof the following:— *Section 32.* All accounts for the maintenance of each of the state hospitals shall be approved by the superintendent thereof or in his absence by the assistant superintendent, if any, shall be filed with the comptroller and shall be paid by the commonwealth. Full copies of the pay rolls and bills shall be kept at each hospital.

SECTION 17. Section forty-five of said chapter one hundred and twenty-three, as appearing in the Tercentenary Edition, is hereby amended by striking out, in the fourth and fifth lines, the words "trustees thereof" and inserting in place thereof the word:— superintendent, — so as to read as follows:— *Section 45.* The Walter E. Fernald state school, the Belchertown state school and the Wrentham state school shall each maintain a school department for the instruction and education of feeble minded persons who are within the school age, or who in the judgment of the superintendent are capable of being benefited by school instruction, and a custodial department for the care and custody of feeble minded persons beyond the school age or not capable of being benefited by school instruction.

SECTION 18. Section forty-six of said chapter one hundred and twenty-three, as so appearing, is hereby amended by striking out, in the third line, the words "as the trustees shall see fit", — and by striking out, in the fourth line, the word "trustees" and inserting in place thereof the word:— superintendent, — so as to read as follows:— *Section 46.* Persons received by the Walter E. Fernald state school, by the Belchertown state school and by the Wrentham state school shall be classified in said departments, and the superintendent may receive and discharge pupils, and may at any time discharge any pupil or other inmate and cause him to be removed to his home.

SECTION 19. Said chapter one hundred and twenty-three is hereby further amended by striking out section forty-seven, as so appearing, and inserting in place thereof the following:— *Section 47.* The superintendent of either of the state schools mentioned in the two preceding sections may, at his discretion, receive any feeble minded person from any part of the commonwealth upon application being made therefor by the parent or guardian of such person, which application shall be accompanied by the certificate of a physician, qualified as provided in section fifty-three that such person is deficient in mental ability, and that in the opinion of the physician he is a fit subject for said school. The physician who makes the said certificate shall have examined the alleged feeble minded person within five days of his signing and making oath to the certificate. The superintendent of either of said state schools may also, at his discretion, receive any person from any part of the commonwealth upon the written request of his parent or legal guardian, and may detain him for observation for a period not exceeding thirty days, to determine whether he is feeble minded.

SECTION 20. The eligibility requirements provided by this act for superintendents of state hospitals shall not apply to those who were such superintendents immediately prior to the effective date thereof.

SECTION 21. When used in any statute, ordinance, by-law, rule or regulation the phrases "department of mental diseases" and "commissioner of mental diseases", or any words connoting the same, shall mean the department of mental health and the commissioner of mental health, respectively, unless a contrary intention clearly appears.

SECTION 22. After the effective date of this act, the department of mental diseases as theretofore constituted shall continue under its new name, except as otherwise provided in this act. The employees of said department of mental diseases, and institutions under the control of said department, upon said effective date who are subject to the civil service laws shall continue to serve in said department under its new name without impairment of their civil service status, and such employees shall retain any step increases from the minimum pay of their grade earned during their service with said department, and for retirement purposes their service with said department shall be deemed to be continuous service; as such term is defined in section one of chapter thirty-two of the General Laws. Non-civil service employees of said institutions on said effective date

shall continue to serve in said department under its new name without any impairment of their status, and for retirement purposes their service with said department shall be deemed to be continuous service, as such term is defined in said section one of said chapter thirty-two. The commissioner of said department in office on said effective date shall continue, under his new title, to hold office in accordance with the terms of his appointment subject to all provisions of general law, but the tenure of office of the associate commissioners of said department shall cease and determine on said effective date. (*Approved July 7, 1938.*)

RESOLVES

CHAPTER 1. — *Resolve Reviving and Continuing the Special Commission Appointed to Investigate and Study the Whole Matter of the Mentally Diseased in their Relation to the Commonwealth, including all phases of the Work of the Department of Mental Diseases.*

Resolved, That the unpaid special commission, established by chapter seven of the resolves of nineteen hundred and thirty-seven, is hereby revived and continued for the purpose of continuing its investigation and study of the whole matter of the mentally diseased in their relation to the commonwealth, including all phases of the work of the department of mental diseases. Said commission shall hold hearings, may require of the department of mental diseases and such other departments and such commissions or officers of the commonwealth as have or can obtain information in relation to the subject matter of this resolve such assistance as may be helpful in the course of its investigation and study, and may require by summons the attendance and testimony of witnesses and the production of such books and papers as relate to the matter under investigation. Said commission may travel within and outside the commonwealth, and it shall make a supplementary report to the general court of the results of its investigation and study hereunder and its recommendations, if any, together with drafts of legislation necessary to carry said recommendations into effect, by filing the same with the clerk of the house of representatives on or before the first Wednesday of December in the current year. For the purposes of this resolve, said commission may expend such sums as may hereafter be appropriated therefor, in addition to the unexpended balance of the amount appropriated by item thirty-six b of chapter four hundred and thirty-four of the acts of nineteen hundred and thirty-seven, and said balance is hereby made available for payment of expenses incurred by said commission. (*Approved January 31, 1938.*)

REPORT OF THE COMMITTEE ON NURSES' TRAINING SCHOOLS

To the Commissioner of Mental Health:

We take pleasure in submitting our annual report on the Nurses' Training Schools for the year ending November 30, 1938.

The Committee has functioned without any change in its membership. Dr. Bryan has continued to serve as Chairman with Dr. Ralph M. Chambers and Dr. Roderick B. Dexter as members and Dr. Edgar C. Yerbury as Secretary.

Three meetings were held during the year by the Committee, at which times the many routine matters as well as special problems relating to the administration of both the regular and psychiatric training schools in mental hospitals under the supervision of the Department of Mental Health were discussed.

The following hospitals have continued to conduct the regular three-year course of instruction in the art of nursing during the past year:

Danvers State Hospital

Taunton State Hospital

Medfield State Hospital

Westborough State Hospital

The two-year course in Psychiatric nursing has been taught in:

Boston State Hospital

Grafton State Hospital

Foxborough State Hospital

Northampton State Hospital

Gardner State Hospital

The following hospitals have continued to train several classes of affiliate nurses in psychiatric nursing procedure:

Boston Psychopathic Hospital

Taunton State Hospital

Danvers State Hospital

Worcester State Hospital

In addition to these classes, the Worcester State Hospital, and Taunton State Hospital, have taught nurses seeking post-graduate instruction.

The results of training in both the regular and psychiatric schools are indicated in the following table:

TRAINING SCHOOLS	JUNIORS			SENIORS		
	Passed	Failed	Percent Failed	Passed	Failed	Percent Failed
Regular	24	1	4	24	0	0
Psychiatric	48	1	2.04	31	10	24.3

The results of training in the regular nurses training schools are fairly gratifying as only one nurse enrolled in the regular junior class failed to pass the required examinations. The results observed in the psychiatric schools show an increase in the total number of failures over last year. Practically all of these failures occurred at one institution where the percentage of failures has been relatively high during the past several years.

On November 30, 1938 the total enrollment of regular affiliate and post-graduate students as well as psychiatric students in the regular accredited and psychiatric training schools is herewith indicated.

Accredited Training Schools

	Preliminary	Intermediate	Senior	Affiliate	Post-graduate
Danvers State Hospital	10	6	8	4	0
Medfield State Hospital	9	4	3	0	0
Taunton State Hospital	0	6	4	21	1
Westborough State Hospital	14	5	7	0	0
Worcester State Hospital	0	0	0	12	2
Boston Psychopathic Hospital	0	0	0	15	0
	33	21	22	42	3

Psychiatric Training Schools

	Junior	Senior	Affiliates
Foxborough State Hospital	14	7	0
Gardner State Hospital	21	21	0
Grafton State Hospital	9	8	1
Northampton State Hospital	10	7	0
	54	43	1

There has been much discussion regarding the possibility of discontinuing the psychiatric training school course. It is felt, however, that it serves a definite purpose as it better prepares young men and women to understand the many psychiatric problems which become involved in the care of the mentally ill.

The committee definitely favors the proposed program of affiliation in psychiatric nursing as a requirement for each school approved by the Board of Registration of Nurses. This program, however, cannot be carried out in full until the problem of proper housing facilities for these affiliates can be solved.

Respectfully submitted,

WILLIAM A. BRYAN, M.D., *Chairman*

RODERICK B. DEXTER, M.D.

RALPH M. CHAMBERS, M.D.

EDGAR C. YERBURY, M.D., *Secretary*

REPORT OF THE FINANCIAL DIVISION

(Including Financial Statistics for the Year Ended November 30, 1938.

Tables 1 to 11, inclusive, immediately follow this report).

To the Commissioner of Mental Health:

The report of the activities for the Financial Division is submitted for the fiscal year ending November 30, 1938. This report has embodied in it the finances of the department, the institutions under its financial control, report of the Engineering and Farm sub-divisions, information relating to the work of the division on appropriations for special purposes, supervision of major repairs, and various tables dealing with these activities.

On September 21, 1938 buildings, trees and hospital property were severely damaged by flood and hurricane. Following this catastrophe the Governor and Council authorized the Department to expend the necessary money for emergency repairs. The Legislature met in emergency session and authorized the following amounts for permanent repairs in the various institutions:

Boston State Hospital . . .	\$14,000	Taunton State Hospital . . .	\$7,800
Danvers State Hospital . . .	37,800	Westborough State Hospital . . .	94,700
Foxborough State Hospital . . .	34,600	Worcester State Hospital . . .	216,000
Gardner State Hospital . . .	88,600	Monson State Hospital . . .	203,900
Grafton State Hospital . . .	42,300	Belchertown State School . . .	40,900
Medfield State Hospital . . .	53,400	W. E. Fernald State School . . .	100,000
Northampton State Hospital . . .	14,600	Wrentham State School . . .	34,300

\$982,900

To completely replace the entire damage will require years of effort. However, before the end of the fiscal year the majority of the fire hazards were eliminated, buildings were made livable for the winter months and the work remaining unfinished is progressing at a rapid pace.

In Table 1 are brought together in consolidated form expenditures from appropriations controlled by the Department, having to do with the care of patients in hospitals for mental diseases (including epilepsy) and schools for mental defectives. The total expenditures show a decrease of \$22,448.34. Although the item Personal Services shows an increase of \$246,782.42, expenditures under maintenance and special appropriations were lower.

The expenditures of the Department itself, given in Table 2, amount to the sum of \$309,510.37, an increase over 1937 of \$23,120.03. Office expenses increased because of the new location, which includes rent. Additional transfers of patients to other institutions and states increased expenses under Transportation by \$2,005.26. The amount spent under Persons Boarded in Hospital Cottages was increased \$2,082.54 because of a change in rate from \$8 to \$8.50 per week in the middle of the year. Additional money was spent on research under Investigation of Mental Diseases.

Table 3 shows the amount appropriated by the legislature for the fiscal year and the balance available from the previous year (which represents liabilities for indebtedness incurred prior to the close of the previous fiscal year). These two amounts represent the total appropriation available for the current year. Next is the gross expenses, then the receipts which are for sales only. Receipts for board of patients are shown in Table 8. They are not deducted to arrive at the net expenses and net weekly per capita cost. Next are shown the expenses arrived at by deducting sales from the gross expenses and then with the daily average number of patients the weekly per capita cost is obtained. The weekly per capita cost average for the twelve mental hospitals is \$8.231; that for schools for defectives is \$7.066 with an average of \$8.011 for the sixteen institutions whose appropriations are supervised by the Department. Comparing the previous fiscal year ending November 30, 1937, the average weekly per capita cost for the twelve mental hospitals was \$8.440 or \$.209 higher than 1938. For the schools for mental defectives for the fiscal year 1937 the average weekly per capita cost was \$7.216 or \$.150 higher than the average per capita cost for the fiscal year 1938. Taking the total of the sixteen institutions for 1937, the average weekly per capita cost was \$8.206 as compared with the average per capita cost of 1938 of \$8.011 or \$.195 higher than the average of 1938. As the net weekly per capita cost for the Boston Psychopathic Hospital is exceptional compared with that for the other institutions, the average weekly per capita cost for the twelve mental hospitals, when recomputed without the Boston Psychopathic

Hospital for 1938 is \$8.042, and the average per capita cost for the fifteen institutions computed without the Boston Psychopathic Hospital is \$7.859.

Table 4 gives in detail the expenses and weekly per capita costs grouped according to the adopted standard of analysis of maintenance expenses of all classes of institutions in the Commonwealth. In comparison with the expenses of 1937, increases are shown under Personal Services, Travel and Office Expenses, Medical and General Care, and Repairs and Renewals. Because of lower costs in general, decreases are shown under Food, Clothing and Materials, Furnishings & Household Supplies, Heat and Other Plant Operation, Farm, Garage and Grounds, and Repairs Ordinary.

The average weekly per capita cost per patient for personnel for 1937 was \$4.491 and for 1938, \$4.554, an increase of \$.063 from 1937. This detail will be noted in Table 5.

The rotation of persons employed for the year shows a total decrease per person for 1938. (Table 6).

Appropriations for construction, permanent betterments, real estate and furnishings, unlike that for maintenance and operation, are made for two years, beginning with the passage of the act dealing with special appropriations by the legislature. Under chapter 365 of the Acts of 1933 and the Emergency Relief Appropriation Act of 1935, appropriations were made in conjunction with the National Recovery Act on the basis of 30% furnished by the Federal Government and 70% by the Commonwealth. These appropriations run until the completion of the project. Detail of all special appropriations is given in the report of the Engineering division and in Table 7 where are shown all of the appropriations of this nature active during the fiscal year. This table deals with indebtedness incurred and balances available rather than with the actual cash payments and cash balances, and more clearly represents the actual condition of the appropriation as it shows the true balances available for additional expenditures. In its budget request for 1938 the Department asked for \$7,111,775. The amount appropriated was \$1,759,384.19.

Receipts during the year from paying patients, collected under the direction of the Division of Legal Settlement and Support Claims, amounted to \$801,754.62, an increase over the receipts of 1937 of \$18,256.45. The per capita amount received in 1938, based on average daily patient population was \$29.12. The receipts from paying patients were 6.94% of the total cost of maintenance. (Table 8).

Section 27, chapter 123 of the General Laws reads as follows: "The Trustees of each state hospital shall be a corporation for the purpose of taking and holding by them and their successors, in trust for the Commonwealth, any grant or devise of land, and any gift or bequest of money or other personal property, made for the use of the state hospital of which they are trustees, and for the purpose of preserving and investing the proceeds thereof in notes or bonds secured by good and sufficient mortgages or other securities, with all the powers necessary to carry said purposes into effect. They may expend any unrestricted gift or bequest, or part thereof, in the erection or alteration of buildings on land belonging to the state hospital, subject to the approval of the department, but all such buildings shall belong to the state hospital and be managed as a part thereof.

Under this section hospitals have received gifts as shown in Table 9 which have been deposited as funds, the proceeds of which have been used for the benefit of the patients in accordance with the terms or restrictions placed thereon by the donor. This department encourages gifts made under this law and from them special benefits are derived by the patients in ways not always possible from the funds of the Commonwealth.

The printing plant, conducted by the Department at the Gardner State Hospital, is carried on as occupational therapy for the benefit of patients, and at the same time meets the printing needs of the Department and its institutions. During the year approximately the following material was printed: 393,500 letterheads; 464,500 envelopes; 50,250 each Christmas folders and envelopes; 38,050 Christmas labels; 53,400 triplicate order blanks; 3,546,044 medical and other forms and cards of 260 varieties; 174,251 payroll checks; 200 booklets; 1,000 bulletins and books; 8,270 annual reports for the department and its institutions, and 1,000 reprints.

The reports of the Engineering and Farm sub-divisions follow.

REPORT OF SUPERVISING HOSPITAL CONSTRUCTION ENGINEER — WALTER E. BOYD

During 1938 there was a marked falling off in new construction in this department, the only major construction being the Ward Building and Service Building in the Pines group of the Grafton State Hospital.

At the Medfield State Hospital the program of fire protection was continued with the construction of steel stairs replacing wooden stairs in buildings B-3 and D-3. Plans also were prepared for the replacing of stairs in building D-2. Plans and specifications were prepared for the installation of sprinklers in the employees' quarters and attic spaces of Buildings G-2, G-4 and the Farm Home. These projects will be placed on the market in 1939. Plans and specifications were prepared, bids taken and contracts let for the installation of a 400 k.w. turbo-generator for Medfield. With the addition of this generator the institution will be equipped with a 200 k.w. uniflow unit, a 300 k.w. and a 400 k.w. turbo-generator which will provide for any emergency and take care of any probable future increase in power demands. The tunnel carrying the main steam lines from the power house to the kitchen building was enlarged and the piping rearranged to permit of the passage of workmen and the easier repair and supervision of the steam mains.

An additional feed water heater was installed at the Metropolitan State Hospital necessitated by the increased size of the institution. A project for replacing and re-locating the electric cables in the tunnels was completed. This was done to remove the cables from the influence of a very corrosive ground water seepage which was found to be attacking the lead sheathing and causing short circuits.

An addition to the garage at the Metropolitan State Hospital was constructed.

Additional sprinklers were installed at the Northampton State Hospital covering spaces hitherto unprotected. Sprinklers also were installed in the attic and basement of Building C at the Foxborough State Hospital. At the Hersey Farm at Foxborough a sewage disposal system was installed consisting of a sludge tank, dosing tank and four sand filters. This will care for all of the sewage from the Farm Dormitory and the Dairy Group. The hurricane of September caused delay and extra expense to this project by blocking the brook draining the area and flooding the site. Aside from this difficulty, normal progress has been made and the system will be in operation early in 1939.

At the Grafton State Hospital a project for oil burners in the power plant was changed to stokers after further study by the engineers. As this work can be installed only in the summer period these will be installed in 1939. An addition to the root cellar at Grafton was constructed by day labor.

A new piggery was started at the Taunton State Hospital. This project was delayed by the hurricane, which blew down a large amount of form work requiring the dismantling and rebuilding of forms before the work could proceed. This delay prevented the completion before winter weather set in, and it will not be ready for occupancy before late spring of 1939. The new piggery will permit of the transfer of all the hogs to the colony in Raynham.

A temperature control system was worked out and installed at the Belchertown State School whereby the control of the dampers and the steam in the various ward buildings was effected from the power house. The installation at present covers only part of the institution, but it will obviate the necessity of a power plant employee going to each building twice a day to control the heat. The system will greatly increase the efficiency of the heating system and should make a material saving in the fuel.

At the Belchertown State School an acre of filter beds was constructed as an addition to the sewage disposal system.

Contracts were awarded for wells and a distribution system at the Templeton Colony of the Walter E. Fernald State School. This, the culmination of an investigation of several years covering many possible sources, will provide an adequate supply of good water for domestic purposes and fire protection, and will do away with the danger of contamination which is now present with the shallow surface wells. The installation will consist of a large dug well on the institution grounds, electric and gasoline driven pumps, a standpipe and a distribution system, and should be completed by late summer of 1939.

A cow barn for 60 head of cattle was built by day labor at the Wrentham State School and was completed except for equipment which will be available from the 1939 budget.

The usual fire protection and other inspections were made. Inspections and studies were made in conjunction with engineers of the Commission on Administration and Finance in connection with power plant and fuel problems.

REPORT OF THE SENIOR STRUCTURAL ENGINEER — CLARENCE D. MAYNARD

Institution requests for the budget headings of Repairs and Renewals and Garage were investigated and conferences were held with the Budget Commissioner. Important items were included in the lists submitted for legislative approval. Programs of fire prevention and rehabilitation of equipment were continued.

Hydrotherapy tubs were replaced and hand rails for stairways were installed at the Boston Psychopathic Hospital.

At the Boston State Hospital insulated food containers were renewed and porches built on the West F and West B buildings. Funds were provided for the installation of cafeteria equipment in the East Dining Hall and the house formerly used by the Assistant Superintendent was renovated.

The program of the reshingling of roofs at the Middleton Colony of the Danvers State Hospital was completed. The water storage tank was painted and coolers were installed for drinking fountains. Heaters were purchased for use on the sun porches. The installation of automatic fire extinguishers was continued in the closets and clothes rooms. Hose cabinets and new hose were installed on the wards, thus correcting the former conditions. New pasteurizing and cooling equipment was installed in the dairy.

At the Foxborough State Hospital a tile floor was installed in the bakery, linoleum was installed on the wards, tables were replaced in the main dining room and the returns of the high and low pressure steam lines were repaired.

Tile floors and walls were installed in the Pines "D" dining room and hot water heaters and tanks installed at the Grafton State Hospital.

New bakery equipment was installed at Gardner and the tile floor was completed in the kitchen and bakery. A subway was built at Westminster Cottage and the funds were provided for the completion of the patients' cafeteria.

At the Medfield State Hospital the dairy service and farm office was reconstructed. New equipment was purchased for the dental office and funds provided for equipment for a vegetable preparation room.

At the Metropolitan State Hospital new refrigerated storage rooms were provided. The water tank was painted and the program of enclosing the radiators was continued.

Work on many items allowed at the Northampton State Hospital were suspended due to an overrun of the Personal Services account.

A new brooder house was built at Taunton and underground electric service provided to the homes and cottages. Fire doors were replaced and additional washers installed in the laundry.

At the Westborough State Hospital a complete remodelling was made of Male Ward 3, including roof trusses and ceiling. Additional bakery equipment was installed.

Plumbing and steam lines were repaired at the Worcester State Hospital and the dairy was tiled. A new flat work ironer was installed in the laundry.

Plumbing was renewed at the Girls' Building of the Monson State Hospital and the program of replacing hot water tanks was continued. A chain link fence was installed along the rear property line.

New kettles were provided in the kitchen of the Belchertown State School and a high pressure steam line was installed between the laundry and the service building. Automatic sprinklers were installed in the Girls' Industrial Building and a chain link fence installed along the rear property line.

The program of the renovation of plumbing was continued at the Walter E. Fernald State School and new heating equipment installed at the Templeton Colony. Hot water temperature controls also were installed.

A new silo and a new hen house were erected at the farm group of the Wrentham State School and sprinklers installed in the employees' homes. Hot water lines were renewed and kitchen equipment and sewing room equipment installed in the C Building.

Emphasis was placed on fire prevention and rehabilitation equipment. Fire inspection visits were made to the institutions. Contract supervision was given to the following special appropriation projects. Boston State — Fire Protection; Sterilizer Equipment. Gardner — Two Bake Ovens; Electric Refrigeration. Westborough — Refrigeration Boxes and Compressors. Danvers — Renovation of Cottage, Middleton Colony. Foxborough — Renovation of Steam and Hot Water Lines. Grafton — Ward Building and Dining and Service Building. Taunton — Renovation of Male and Female Infirmaryes.

Specifications were prepared for furnishing buildings built under the PWA program. WPA projects at the institutions were presented to the proper authorities for approval.

Routine repair work was interrupted by the hurricane of September 21, 1938. Supervision of contracts for repair of hurricane damage was given at Medfield, Foxborough and Wrentham. A total of sixty-nine (69) visits was made to the institutions.

REPORT OF ASSISTANT ENGINEER, STATE HOSPITALS — JOSEPH P. GENTILE

During the fiscal year of 1938 the trend of expenditures at the institutions was followed by preparing charts showing the average daily expenditures every month for all the maintenance items of the budget. To establish a basis for budget requests, work was done on the preparation of estimates for necessary expenditures during the years 1939 and 1940.

Institutions were visited throughout the year to make inspections, maintain supervision of projects and obtain data to prepare projects.

Eighteen inspections of institutions were made for fire protection in accordance with routine inspections by department engineers. Recommendations were made for the removal of existing fire hazards and to provide better protection to life and property in the event of fire.

Plans and specifications were prepared for the following projects: At the Boston State Hospital — Line wire fence at the Clinic and West G Buildings; Structural Steel fence including masonry walls and piers for the East and West Group; Two sun porches for West F; Ice making plant at the West Kitchen. At the Foxborough State Hospital — Renovation and tiling of the dairy unit. At the Gardner State Hospital — Traffic tunnels for the Westminster Group. At the Westborough State Hospital — Stair towers for Dewson and Speare Buildings. At the Worcester State Hospital — Repairing and painting the water tank at Hillside.

With the exception of the stair towers at the Westborough State Hospital, (the erection of which has not been started), all of the above-mentioned projects have been completed. In addition, inspections were made of the following projects during their progress: Boston State Hospital — Roads, grading and landscaping, and Patients' Cafeteria in the West Group. At the Northampton State Hospital — Fireproofing the North Infirmary, and Installation of Sprinklers in the Garage Building. Worcester State Hospital — Installation of the vibrating bells and coded gongs for the fire alarm system. Westborough State Hospital — Renovation of Richmond Sanatorium. (This project is still in progress.)

A study is being made of construction materials used by the maintenance forces at the institutions and methods employed by the institutions in handling work classified as Repairs Ordinary with a view to standardizing on materials and control of the same.

REPORT OF ASSISTANT ENGINEER, STATE HOSPITALS — FRANCIS D. KIRBY

During the year general alterations and installations of new plumbing in the various hospitals were started or completed, including plans and specifications, by this division of the Department.

General alterations of the plumbing at the Boston State Hospital were started in West C and D Buildings out of the appropriation of \$15,000. Additional plumbing was installed at the Summer Street building of the Worcester State Hospital amounting to \$6,000.

Plans and specifications were drawn and work started for renewal of toilet rooms of the Male Employees' Building at the Worcester State Hospital, amounting to \$10,500 when completed.

Installation was completed of twelve continuous flow tubs at the Danvers State Hospital.

The installation of the Hydrotherapy Suite at the Grafton State Hospital was completed 85%, out of the appropriation of \$14,300.

Plans and specifications for the relocation of the Hydrotherapy Suite in the Administration Building to the basement of the "E" Building at the Foxborough State Hospital were drawn and the work completed about 55%.

Plans and specifications were prepared and work started for the renovation of plumbing in toilets at the Medfield State Hospital. The appropriation for this work is \$40,000.

Plans and specifications were prepared and work started for the installation of new toilet rooms at the Taunton State Hospital for which an appropriation of \$30,000 was made.

All of these projects included plumbing, heating, electric work, plastering, carpentry, tile and marble work, painting, and general work necessary for the completion of each project.

Surveys and inspections of all plumbing and permits issued to the various hospitals were included.

REPORT OF SENIOR ENGINEERING AID — LLOYD C. LATIMER

The following is a condensed resumé of work performed by the senior engineering aid during 1938:

Boston State Hospital — Plans for renovation of toilets and baths in West C and D Buildings. Plans for new Porches on West B and F Buildings.

Foxborough State Hospital — Plans for Hydrotherapy Suite in E Building. Plan, field engineering and inspection of new steam conduits up Baker Street. Field engineering and inspection of New Sewage Disposal System at Hersey Farm.

Grafton State Hospital — Topographical survey and plot plan for locating new Pines Group Service Building.

Medfield State Hospital — Acting foreman of construction of toilet rooms in Building C-4. Plans and estimates for Toilet and Bath Renovations for about 60 rooms in various buildings. Part-time inspection of painting water supply standpipe.

Taunton State Hospital — Plans for renovations of Toilet and Bath Suites in East and West Godding Buildings. Plan and field engineering for Drainage of new Piggery at Raynham Farm.

Westborough State Hospital — Plans and specifications for strengthening Roof Trusses, Male Ward 3 Building. Designed new refrigerators for Storehouse and Service Buildings.

Monson State Hospital — Part-time supervision of survey for establishing fence lines.

Walter E. Fernald State School — Topographical survey and plot plan for locating new building for young girls.

General office — Annual check-up of institutional housing survey. Computation of tables showing per capita consumption of electricity. Miscellaneous sketches and plans for various purposes.

REPORT OF STATE HOSPITAL FARM COORDINATOR — WALLACE F. GARRETT

Numerical increases in dairy animals continued for the purpose of providing additional milk to care for increased rations and increased population in certain units.

Disease eradication and prevention methods were practiced during the year as follows: (1) Bang's disease vaccination; (2) Mastitis eradication program; (3) Anthrax vaccination; (4) Black leg vaccination; (5) Cholera vaccination (swine); (6) Hemorrhagic Septicaemia vaccination.

The results were satisfactory and the hospitals have now incorporated the program as part of their permanent policies.

Indexing of breeding males is completed annually permitting the removal of unsatisfactory reproducers, also animals that possess records of unusual ability are used extensively by introducing an artificial insemination program.

Poultry flocks have been increased numerically to provide additional eggs for patient consumption and the number of eggs per bird was the highest recorded thus far at the hospitals.

Centralization of units for pork production was started and satisfactory results tabulated. Such a policy reduces labor, purchased feed and houses, and permits more frequent and accurate supervision.

Vegetable harvest was less than normal as a result of excessive rain during the growing season. Normal cultivation and disease prevention programs were abandoned, thus impairing both quality and quantity of products. During September the hurricane completely ruined such vegetables as were not harvested at that time, plus the damage caused to the many orchards and fruit that was in harvestable condition at the time of the catastrophe.

Research by members of the Massachusetts State College staff continued with satisfactory results. Institution gardens and animal units are more extensive than the College possesses, thus permitting broader studies to be made of subjects of common interest.

Respectfully submitted,

WILLIAM I. ROSE,
Business Agent.

FINANCIAL STATISTICS FOR THE YEAR ENDED NOVEMBER 30, 1938

TABLE 1. *Total Expenditures of Department and Institutions*

DEPARTMENT AND INSTITUTIONS	Personal Services	Maintenance and Operation (Net) ¹	New Construction, Permanent Betterments, Real Estate and Furnishings	Total
Department of Mental Health	\$229,266.75	\$80,243.62	\$612.17	\$310,122.54
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	178,995.15	72,199.86	445.00	251,640.01
Boston State Hospital	639,940.36	507,587.81	68,462.77	1,215,990.94
Danvers State Hospital	494,725.14	415,447.68	11,822.52	921,995.34
Foxborough State Hospital	331,791.52	243,111.45	37,528.90	612,431.87
Gardner State Hospital	322,562.15	294,586.83	13,927.73	631,076.71
Grafton State Hospital	403,016.36	280,279.07	331,434.77	1,014,730.20
Medfield State Hospital	429,876.72	301,445.21	82,818.20	814,140.13
Metropolitan State Hospital	386,660.39	346,951.38	34,234.15	767,845.92
Northampton State Hospital	419,194.37	332,455.18	152,547.78	904,197.33
Taunton State Hospital	399,563.07	277,048.79	206,565.75	883,177.61
Westborough State Hospital	394,166.75	277,239.13	29,307.64	700,713.52
Worcester State Hospital	620,521.50	474,559.57	110,325.44	1,205,406.51
Monson State Hospital (epileptic)	399,668.95	286,408.33	28,977.16	715,054.44
Total Hospitals	\$5,420,682.43	\$4,109,320.29	\$1,108,397.81	\$10,638,400.53
<i>Schools for Mental Defectives:</i>				
Belchertown State School	\$291,311.75	\$219,790.98	\$44,116.51	\$555,219.24
Walter E. Fernald State School	419,990.48	318,810.02	18,731.29	757,531.79
Wrentham State School	365,962.93	287,349.56	11,863.31	665,175.80
Total Schools	\$1,077,265.16	\$825,950.56	\$74,711.11	\$1,977,926.83
Grand Total	\$6,727,214.34	\$5,015,514.47	\$1,183,721.09	\$12,926,449.90

¹Less SalesTABLE 2. *Departmental Receipts and Expenditures*
Expenditures

	APPROPRIATIONS			Expenditures (net)	Balance
	Appropriation 1938	Brought Forward from 1937 Appropriation	Total Available		
Commissioner's Salary	\$10,000.00	\$ —	\$10,000.00	\$10,000.00	\$ —
Personal Services	148,000.00	—	148,000.00	134,399.88	13,600.12
Expenses	38,700.00	4,128.12	42,828.12	40,895.95	1,932.17
Transportation	5,000.00	1,062.32	6,062.32	5,609.14	453.18
Persons Boarded, Hospital Cottages	21,400.00	—	21,400.00	21,218.51	181.49
Investigation of Mental Diseases	99,894.62	5,325.38	105,220.00	96,911.76	8,308.24
Boarding Feeble-Minded Patients	5,000.00	—	5,000.00	475.13	4,524.87
Total	\$327,994.62	\$10,515.82	\$338,510.44	\$309,510.37	\$29,000.07
Special: Anti-scald Valves	\$10,000.00 ¹	\$637.05	\$637.05	\$612.17	\$24.88

Receipts

Payable to State Treasurer:					
Licenses, Private Hospitals	.	.	.	.	\$900.00
Board in Hospital Cottages	.	.	.	.	416.69
Sales:					
Forms	.	.	.	.	81.58
Other Receipts	.	.	.	.	40.10
Total	.	.	.	.	\$1,438.37
¹ 1937 Appropriation.	.	.	.	.

TABLE 3. *Appropriations and Expenses for Maintenance and Operation and Weekly Per Capita Cost — By Institution*
(For detail of Net Expenses and Net Per Capita Cost see Table 4.)

INSTITUTIONS	Amount Appropriated in 1938	Balance from 1937	Total Appropriation	Gross Expenses	Receipts ¹	Gross Expenses (Less Sales)	Daily Average Number of Patients*	Weekly Per Capita Cost ²
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$255,150.00	\$193.99	\$255,343.99	\$251,418.61	\$223.60	\$251,195.01	75.23	\$64.036
Boston State Hospital	1,172,380.00	15,717.87	1,188,097.87	1,148,711.26	1,183.09	1,147,528.17	2,424.71	9.076
Danvers State Hospital	925,190.00	405.68	925,685.68	913,418.39	3,245.57	910,172.82	2,324.30	7,509
Foxborough State Hospital	593,510.00	1,325.70	594,835.70	577,153.50	2,250.53	574,902.97	1,375.84	8,013
Gardner State Hospital	623,610.00	8,115.30	631,785.30	619,586.56	2,437.58	617,148.98	1,531.37	7,728
Grafton State Hospital	606,740.00	8,149.72	704,889.72	685,091.83	1,796.40	683,295.43	1,496.39	8,757
Medfield State Hospital	753,030.00	1,509.27	754,539.27	735,924.49	4,649.31	729,275.18	1,860.97	7,515
Metropolitan State Hospital	743,400.00	12,062.73	755,462.73	742,198.43	8,586.66	733,611.77	1,822.30	7,387
Northampton State Hospital	763,970.00	191.51	764,161.51	754,196.26	2,546.71	751,649.55	2,018.48	7,141
Taunton State Hospital	711,685.00	793.78	712,478.78	677,790.54	1,178.68	676,611.86	1,695.58	7,652
Westborough State Hospital	691,060.00	4,169.78	695,229.78	675,482.95	4,077.07	671,405.88	1,571.40	8,194
Worcester State Hospital	1,105,150.00	7,852.15	1,113,002.15	1,100,170.94	5,089.87	1,095,081.07	2,467.36	8,511
Monson State Hospital (epileptic)	704,986.00	389.50	705,375.50	691,564.81	5,487.53	686,077.28	1,533.43	8,580
Total	\$9,739,861.00	\$61,026.98	\$9,800,887.98	\$9,570,708.57	\$42,752.60	\$9,527,955.97	22,197.36	\$8.231
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$532,730.00	\$391.84	\$533,121.84	\$512,259.79	\$1,157.06	\$511,102.73	1,298.18	\$7.550
Walter E. Fernald State School	779,900.00	694.77	780,594.77	740,742.43	1,941.93	738,800.50	1,927.38	7,351
Wrentham State School	678,500.00	36.88	678,536.88	654,478.46	1,165.97	653,312.49	1,939.54	6,459
Total	\$1,991,130.00	\$1,123.49	\$1,992,253.49	\$1,907,480.68	\$4,264.96	\$1,903,215.72	5,165.10	\$7.066
Grand Total	\$11,730,991.00	\$62,150.47	\$11,793,141.47	\$11,478,189.25	\$47,017.56	\$11,431,171.69	27,362.46	\$8.011

¹Receipts from Sales only.

²Based on Expenses from Appropriations, less Sales made on account of Appropriation Expenditures.

*Includes Patients Boarded in Families.

Financial Statement Verified.
Approved.

GEORGE E. MURPHY,
Comptroller.

TABLE 4. *Net Expenses¹ for Maintenance and Operation and Per Capita Costs Grouped According to The Massachusetts Standard of Analysis of Maintenance Expenses — By Institution*

INSTITUTIONS	PERSONAL SERVICES		RELIGIOUS INSTRUCTION		TRAVEL, TRANSPORTATION AND OFFICE EXPENSES		FOOD	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$178,912.75	\$45.610	\$1,199.96	\$.306	\$4,971.93	\$1.267	\$26,754.44	\$6.820
Boston State Hospital	639,620.70	5.059	2,079.98	.016	9,863.75	.078	236,863.75	1.873
Danvers State Hospital	494,430.66	4.080	2,041.47	.017	8,877.77	.073	144,580.18	1.193
Foxborough State Hospital	331,606.60	4.622	1,360.00	.019	6,153.58	.086	89,827.13	1.252
Gardner State Hospital	322,374.03	4.037	1,289.36	.016	4,896.17	.063	73,958.04	.926
Gratton State Hospital	402,782.43	5.162	1,716.00	.022	5,389.67	.069	87,577.59	1.122
Medfield State Hospital	429,630.25	4.428	2,080.00	.021	6,112.25	.083	129,254.82	1.332
Metropolitan State Hospital	386,441.63	3.891	2,030.00	.020	5,703.71	.087	158,175.02	1.593
Northampton State Hospital	418,935.09	3.980	1,400.00	.013	5,307.93	.080	138,806.06	1.290
Taunton State Hospital	399,338.09	4.517	2,165.00	.024	7,110.80	.080	105,877.98	1.198
Westborough State Hospital	393,934.25	4.808	1,510.08	.018	6,453.99	.079	106,327.56	1.298
Worcester State Hospital	620,207.07	4.821	2,860.00	.022	11,897.64	.092	200,000.04	1.555
Monson State Hospital (epileptic)	399,415.86	4.995	1,525.92	.019	5,761.10	.072	115,255.14	1.441
Total	\$5,417,629.41	\$4.681	\$23,257.77	\$.020	\$88,500.29	\$.076	\$1,610,257.55	\$1.391
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$291,130.98	\$4.301	\$1,530.00	\$.023	\$5,637.16	\$.083	\$76,501.70	\$1.130
Walter E. Fernald State School	419,717.72	4.176	2,790.00	.028	6,754.89	.067	103,746.25	1.032
Wrentham State School	365,734.13	3.616	1,787.50	.018	6,082.16	.060	105,627.61	1.044
Total	\$1,076,582.83	\$3.997	\$6,107.50	\$.023	\$18,474.21	\$.069	\$285,875.56	\$1.061
Grand Total	\$6,494,212.24	\$4.552	\$29,365.27	\$.021	\$106,974.50	\$.075	\$1,896,133.11	\$1.329

¹Based on expenditures from appropriations, less Sales made on account of appropriation expenditures.

NOTE: Average number of patients used in figuring includes patients boarded out.

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs Grouped According to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Continued*

INSTITUTIONS	CLOTHING AND MATERIALS		FURNISHINGS AND HOUSEHOLD SUPPLIES		MEDICAL AND GENERAL CARE		HEAT AND OTHER PLANT OPERATION	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	\$641.71	\$.164	\$3,641.56	\$.928	\$13,859.85	\$3.533	\$12,773.90	\$3.256
Boston State Hospital	31,294.61	.248	38,087.88	.301	22,108.79	.175	95,473.54	.755
Danvers State Hospital	24,852.19	.205	40,142.12	.331	16,593.41	.137	106,115.37	.876
Foxborough State Hospital	15,775.52	.220	23,782.10	.332	11,584.80	.161	50,745.38	.707
Grafton State Hospital	17,626.76	.221	19,364.58	.243	36,534.07	.458	59,919.76	.750
Grafton State Hospital	16,875.82	.216	22,154.69	.284	14,958.00	.192	62,008.18	.795
Medfield State Hospital	20,076.83	.207	27,523.61	.284	14,813.15	.153	46,490.49	.478
Metropolitan State Hospital	21,204.37	.214	29,456.66	.297	18,245.99	.184	74,063.27	.746
Northampton State Hospital	16,401.47	.156	27,308.04	.259	21,239.85	.202	71,712.04	.681
Taunton State Hospital	11,685.72	.132	25,980.60	.294	11,785.92	.133	60,212.88	.681
Westborough State Hospital	17,817.29	.178	23,317.67	.285	14,267.84	.174	49,715.09	.607
Worcester State Hospital	22,794.70	.177	35,851.30	.279	42,513.10	.330	83,785.73	.651
Monson State Hospital (epileptic)	15,873.27	.199	23,926.56	.299	9,614.08	.120	67,814.85	.848
Total	\$232,980.26	\$.201	\$340,537.37	\$.294	\$248,118.85	\$.214	\$840,830.48	\$.726
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$17,285.73	\$.255	\$19,923.65	\$.294	\$10,409.47	\$.154	\$32,494.70	\$.480
Walter E. Fernald State School	26,542.26	.264	27,666.03	.275	11,752.21	.117	69,008.68	.687
Wrentham State School	26,621.48	.263	24,205.06	.239	10,807.33	.107	43,395.11	.429
Total	\$70,449.47	\$.262	\$71,794.74	\$.267	\$32,969.01	\$.122	\$144,898.49	\$.538
Grand Total	\$303,429.73	\$.213	\$412,332.11	\$.289	\$281,087.86	\$.197	\$985,728.97	\$.621

TABLE 4. *Net Expenses for Maintenance and Operation and Per Capita Costs Grouped According to the Massachusetts Standard of Analysis of Maintenance Expenses — By Institution — Concluded*

INSTITUTIONS	FARM		GARAGE AND GROUNDS		REPAIRS ORDINARY		REPAIRS AND RENEWALS	
	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost	Net Expenses	Net Weekly Per Capita Cost
<i>Hospitals for Mental Diseases:</i>								
Boston Psychopathic Hospital	** \$1,153.43	\$.009	\$679.81	\$.173	\$2,816.00	\$.718	\$4,860.70	\$1.239
Boston State Hospital	27,902.17	.230	8,366.83	.066	32,232.46	.255	30,055.79	.238
Danvers State Hospital	19,302.68	.269	5,749.21	.047	21,253.49	.175	17,379.30	.143
Foxborough State Hospital	32,135.23	.402	4,059.26	.057	8,750.84	.122	11,770.16	.164
Gardner State Hospital	28,378.04	.364	7,151.71	.090	13,666.68	.171	28,044.47	.351
Grafton State Hospital	24,331.10	.251	6,560.46	.084	11,651.85	.149	23,008.77	.295
Medfield State Hospital	2,924.43	.029	4,103.91	.042	10,692.25	.110	13,920.05	.143
Metropolitan State Hospital	18,535.31	.176	5,135.68	.052	7,959.63	.080	22,052.62	.222
Northampton State Hospital	23,556.28	.266	4,564.65	.043	13,475.94	.128	16,703.89	.159
Taunton State Hospital	21,371.89	.261	2,766.63	.031	12,321.42	.139	13,586.55	.154
Westborough State Hospital	21,219.94	.165	8,246.20	.101	11,348.15	.138	16,803.57	.205
Worcester State Hospital	15,763.10	.197	6,222.98	.048	15,959.74	.124	31,454.40	.244
Monson State Hospital (epileptic)			5,247.54	.066	11,563.41	.145	14,063.36	.176
Total	\$236,573.60	\$.204	\$68,845.87	\$.059	\$173,698.86	\$.150	\$243,673.63	\$.211
<i>Schools for Mental Defectives:</i>								
Belchertown State School	\$26,926.38	\$.398	\$5,873.70	\$.087	\$9,637.54	\$.142	\$13,570.95	\$.200
Walter E. Fernald State School	29,266.86	.201	6,436.94	.064	11,442.82	.114	23,403.08	.233
Wrentham State School	35,238.78	.348	5,062.41	.050	12,687.70	.125	15,834.36	.157
Total	\$91,432.02	\$.339	\$17,373.05	\$.065	\$33,768.12	\$.125	\$52,808.39	\$.196
Grand Total	\$328,005.62	\$.230	\$86,218.92	\$.060	\$207,466.98	\$.145	\$296,482.02	\$.208

**Expenditures for one month only.

TABLE 5. *Analysis of Pay Rolls — By Institution*

INSTITUTIONS	AVERAGE WEEKLY PER CAPITA COST				
	Medical	Ward Service	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	\$10.124	\$12.327	\$.654	\$22.511	\$45.630
Boston State Hospital . . . . .	.304	2.726	.145	1.884	5.061
Danvers State Hospital . . . . .	.312	2.097	.071	1.601	4.082
Foxborough State Hospital . . . . .	.379	2.159	.088	1.997	4.624
Gardner State Hospital . . . . .	.322	1.853	.128	1.734	4.039
Grafton State Hospital . . . . .	.387	2.208	.103	2.465	5.165
Medfield State Hospital . . . . .	.269	2.196	.099	1.865	4.430
Metropolitan State Hospital . . . . .	.270	2.131	.061	1.429	3.893
Northampton State Hospital . . . . .	.324	2.021	.059	1.576	3.982
Taunton State Hospital . . . . .	.350	2.201	.083	1.884	4.519
Westborough State Hospital . . . . .	.371	2.098	.071	2.268	4.810
Worcester State Hospital . . . . .	.305	2.474	.091	1.951	4.823
Monson State Hospital (epileptic) . . . .	.344	2.654	.077	1.922	4.998
Averages	\$.358	\$2.295	\$.092	\$1.938	\$4.683
<i>Schools for Mental Defectives:</i>					
Belchertown State School	\$.326	\$1.874	\$.309	\$1.792	\$4.303
Walter E. Fernald State School . . . . .	.290	2.072	.333	1.482	4.179
Wrentham State School . . . . .	.280	1.814	.262	1.261	3.618
Averages	\$.296	\$1.925	\$.300	\$1.477	\$3.999
Grand Averages	\$.346	\$2.225	\$.132	\$1.850	\$4.554

TABLE 6. *Rotation in Service of Persons Employed in Institutions*

INSTITUTIONS	PERSONS				
	Medical	Ward Service	Industrial and Educational	All Others	Total
<i>Hospitals for Mental Diseases:</i>					
Boston Psychopathic Hospital	1.38	1.41	1.00	1.37	1.38
Boston State Hospital	1.40	1.81	1.18	1.48	1.67
Danvers State Hospital	1.16	1.32	1.38	1.21	1.28
Foxborough State Hospital . . . . .	.91	1.36	1.17	1.23	1.29
Gardner State Hospital	1.00	1.35	1.00	1.17	1.25
Grafton State Hospital	1.24	1.30	1.14	1.26	1.28
Medfield State Hospital . . . . .	.67	1.48	1.13	1.67	1.52
Metropolitan State Hospital	1.48	1.32	1.29	1.21	1.28
Northampton State Hospital	1.00	1.30	.86	1.21	1.25
Taunton State Hospital	1.24	1.39	1.00	1.18	1.30
Westborough State Hospital	1.33	1.80	.83	1.39	1.60
Worcester State Hospital	1.35	1.66	1.20	1.29	1.51
Monson State Hospital (epileptic)	1.33	1.26	1.00	1.16	1.22
Average	1.20	1.46	1.11	1.30	1.31
<i>Schools for Mental Defectives:</i>					
Belchertown State School	1.00	1.34	1.30	1.13	1.26
Walter E. Fernald State School	1.08	1.38	1.32	1.22	1.33
Wrentham State School . . . . .	.91	1.33	1.19	1.14	1.32
Average	1.00	1.41	1.27	1.17	1.31
Total Average	1.17	1.46	1.18	1.29	1.38

NOTE. — Based on actual number employed as compared with quota.

TABLE 7. Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings — Continued

INSTITUTIONS AND TITLES	APPROPRIATIONS				Indebtedness Previously Incurred	Indebtedness Incurred in 1938	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year				
<i>Gardner State Hospital</i>								
Two Bake Ovens	234	1937	8,500.00	—	1.50	7,411.43	7,412.93	1,087.07
Electrical Refrigeration	234	1937	3,000.00	—	2.37	2,995.96	2,998.33	1.67
Fire Protection	434	1937	—	—	—	—	—	—
Laundry Equipment	356	1938	15,200.00	10,000.00	14,996.15	99.07	14,897.08	10,302.92
Hurricane and Flood Damage	304	1936	6,000.00	—	5,938.62	57.62	5,996.24	3.76
Laundry Equipment	507	1938	—	88,600.00	—	84,800.00	84,800.00	3,800.00
Addition to Root Cellar	497	1938	—	5,000.00	—	4,577.10	4,577.10	422.90
Power Plant Improvements	234	1937	23,000.00	25,000.00	—	716.88	716.88	47,283.12
Equipment — Continuous Baths	356	1938	—	—	—	—	—	—
Equipment — Continuous Baths	234	1937	14,300.00	7,000.00	4,866.69	14,326.94	19,193.63	2,106.37
X-Ray Equipment	497	1938	4,700.00	—	4,629.93	60.45	4,690.38	9.62
Ward Building, Porches, Dining and Service Building	234	1937	400,000.00	233,029.50	23.36	533,592.08	533,615.44	99,414.06
Equipment for Morgue	356	1938	2,500.00	—	1,813.00	521.24	2,334.24	165.76
Purchase of Land	304	1936	650.00	—	—	—	—	650.00
Hurricane and Flood Damage	507	1938	—	42,300.00	—	34,187.00	34,187.00	8,113.00
<i>Medford State Hospital</i>								
Study of Water Supply	497	1938	—	750.00	—	383.00	383.00	367.00
Renovation Ward "R" Dining Room	356	1938	—	5,500.00	—	—	—	5,500.00
Purchase of Turbo Generator	234	1937	—	23,000.00	—	37.35	37.35	22,962.65
Fire Protection	356	1938	—	—	—	—	—	—
Enlarging Tunnels	234	1937	7,000.00	10,000.00	—	5,223.55	5,223.55	11,776.45
Toilets and Bath Improvements	239, 234, 434, 356, 497	1937	22,000.00	—	—	21,679.36	21,679.36	320.64
Temperature Control Valves	304	1936	22,000.00	40,000.00	11,289.69	44,717.69	56,007.38	5,992.62
Hurricane and Flood Damage	507	1938	7,000.00	—	6,295.16	373.26	6,668.42	331.58
Power Plant Changes — M-12	NIRA & 365	1933	209,822.50	53,400.00	—	48,883.00	48,883.00	48,883.00
Sprinkler System — Mass. Proj. M-109	EKA & 365*	33 & 35	77,311.56	1,482.97	208,339.53	208,339.53	208,339.53	—
Laundry Equipment	304	1936	6,000.00	—	5,695.25	77,311.56	77,311.56	—
Wings of Medical and Surgical Building — M-33	NIRA & 365	1933	642,840.00	34,227.51	608,612.49	299.75	5,995.00	5.00
Extension of Garage	497	1938	—	5,500.00	—	3,554.95	605,057.54	3,554.95
Refund — Overcharge Electricity	356	1938	—	2,177.44	—	5,321.58	178.42	5,321.58
Boiler Room Equipment	234	1937	10,000.00	—	45.85	1,765.12	1,765.12	412.32
WPA Projects	234	1937	—	—	—	9,774.64	9,774.64	179.51
Cable in Tunnels	497	1938	5,000.00	2,000.00	996.49	5,209.18	6,205.67	794.33
	234	1937	5,000.00	—	2,174.65	2,761.07	4,938.72	64.28

TABLE 7. Statement of Active Special Appropriations for Construction, Permanent Betterments, Real Estate and Furnishings — Concluded

INSTITUTIONS AND TITLES	APPROPRIATIONS			Indebtedness Previously Incurred	Indebtedness Incurred in 1938	Total Indebtedness	Balance Available
	Chapter or Chapters	Year	Amount Previous Years	Amount Current Year			
<i>Worcester State Hospital</i>							
X-Ray Equipment	356	1938	—	8,000.00	—	—	8,000.00
Medical Equipment	356	1938	—	5,000.00	—	—	5,000.00
Bake Ovens	356	1938	—	6,550.00	—	.92	6,549.08
Renovation Electric Wiring	356	1938	—	10,000.00	—	—	10,000.00
Fire Alarm System	434	1937	9,000.00	—	8,538.81	8,543.27	456.73
Porch — Administration	304	1936	5,500.00	—	4,819.81	5,497.65	2.35
		1936	—	—	—	—	—
Plumbing — Summer Street	304, 234	1937	12,300.00	12,300.00	12,271.79	23,470.59	1,129.41
	356, 497	1938	—	—	—	—	—
New Boilers, Stokers, etc.	304	1936	270,000.00	—	264,611.48	4,226.24	1,162.28
Mechanical Refrigeration	294	1935	14,400.00	—	13,773.83	—	—
	234	1937	reappropriated	—	—	—	—
Employee's Building — Plumbing	497	1938	—	10,500.00	—	127.10	499.07
Hurricane and Flood Damage	507	1938	—	216,000.00	—	10,167.59	332.41
Hydrotherapy Building — M-50	NIRA & 365	1933	127,173.41	—	127,173.41	165,535.00	50,465.00
<i>Monson State Hospital</i>							
Steam Lines	497	1938	—	6,500.00	—	—	6,500.00
Garage	497	1938	—	3,500.00	—	—	3,500.00
Additional Wells	356	1938	—	4,700.00	—	—	4,700.00
Dairy Unit and Equipment	356	1938	—	11,000.00	—	—	11,000.00
Kitchen, Dining-room and Bakery — M-51	NIRA & 365	1933	281,100.61	—	281,100.61	281,100.61	—
Laundry Equipment	304	1936	4,000.00	—	3,987.63	3,987.63	—
Refrigeration System Improvements	356	1938	—	6,000.00	—	—	6,000.00
Fire Protection	234	1937	—	—	—	—	12.37
	356	1938	—	—	—	—	—
Construction of Roads	304	1938	10,000.00	10,000.00	—	7,620.85	12,379.15
	234	1936	30,000.00	—	13,351.88	13,774.04	2,874.08
Hurricane and Flood Damage	507	1937	—	203,900.00	—	117,515.18	86,384.82
		1938	—	—	—	—	—
Total for Hospitals			\$5,875,780.90	\$1,498,784.19	\$4,995,677.17	\$6,683,318.00	\$691,247.09

SCHOOL FOR MENTAL DEFECTIVES

Belchertown State School

Renodeling Dairy Barn	497	1938	—	\$3,400.00	—	—	\$3,848.01	—	\$3,400.00
Temperature Control System	356	1938	—	5,000.00	—	—	—	—	1,151.99
Replacing Brass Pipe	234	1937	—	—	—	—	—	—	—
Additional Filter Beds	356	1938	\$5,000.00	5,000.00	\$4,320.25	4,487.46	8,807.71	30,000.00	1,192.29
Purchase of Land	234	1937	30,000.00	—	1,281.82	28,718.18	30,000.00	—	—
Hurricane and Flood Damage	304	1936	5,000.00	—	—	4,174.65	4,174.65	825.35	825.35
<i>Walter E. Fernald State School</i>	507	1938	—	40,900.00	—	—	40,550.00	40,550.00	350.00
Water Supply — Templeton Colony	234	1937	2,500.00	—	1,370.56	1,129.44	2,500.00	—	—
Boiler House Improvements	497	1938	—	50,000.00	—	—	—	—	50,000.00
Walks, Roads and Grading	356	1938	—	10,000.00	—	—	—	—	10,000.00
Construction of Roads	234	1937	1,500.00	—	1,388.24	125.891	1,262.35	—	237.65
Fire Protection	304	1936	4,000.00	—	1,877.28	189.481	1,687.80	—	2,312.20
Furnishings, Cardinal House	234	1937	10,000.00	—	—	8,808.02	8,808.02	8,808.02	1,191.98
Hurricane and Flood Damage	234	1937	2,500.00	—	2,487.66	2,681	2,484.98	100,000.00	15.02
Improvements, Recreation Room	507	1938	—	100,000.00	—	—	—	—	—
Boiler House Improvements	304	1936	2,300.00	—	2,044.69	8.76	2,053.45	—	246.55
<i>Wrentham State School</i>	249	1935	—	—	26,652.80	332.10	26,984.90	—	15.10
Cow Barn	497	1938	—	12,000.00	—	—	—	—	—
Furnishings, Clinical Building	304	1936	12,650.00	—	10,640.90	11,796.68	11,796.68	11,796.68	203.32
Hurricane and Flood Damage	507	1938	—	34,300.00	—	—	31,567.00	12,380.83	269.17
Total for Schools			\$102,450.00	\$260,600.00	\$52,064.20	\$236,842.18	\$288,906.38	\$74,143.62	
Anti-scaled Valves	437	1936	10,000.00	—	9,798.47	176.65	9,975.12	—	24.88
Grand Total			\$5,988,230.90	\$1,759,384.19	\$5,057,539.84	\$1,924,659.66	\$6,982,199.50	\$765,415.59	

¹Decrease.²As amended.

TABLE 8. *Receipts From Paying Patients — By Institution*

INSTITUTIONS	Number Paying	Amounts Paid	Average Annual Payment
<i>Hospitals for Mental Diseases:</i>			
Boston Psychopathic Hospital	329	\$13,131.38	\$39.91
Boston State Hospital	238	88,072.67	370.05
Danvers State Hospital	327	105,145.07	321.54
Foxborough State Hospital	146	52,139.61	357.12
Gardner State Hospital	87	37,779.24	434.24
Grafton State Hospital	47	25,384.34	540.09
Medfield State Hospital	113	48,742.39	431.34
Metropolitan State Hospital	148	47,756.59	322.67
Northampton State Hospital	268	89,605.82	334.35
Taunton State Hospital	167	61,196.50	366.44
Westborough State Hospital	296	110,588.62	373.61
Worcester State Hospital	172	66,687.29	387.71
Monson State Hospital (epileptic)	68	15,040.37	221.18
Total	2,406	\$761,269.89	\$316.40
<i>Schools for Mental Defectives:</i>			
Belchertown State School	40	\$5,733.47	\$143.33
Walter E. Fernald State School	96	19,240.73	200.42
Wrentham State School	73	10,571.80	144.81
Total	209	\$35,546.00	\$170.07
State Farm*	5	\$3,077.57	\$615.514
State Infirmary*	8	1,444.47	180.558
Hospital Cottages for Children*	5	416.69	83.338
Total	18	\$4,938.73	\$274.37
Grand Total	2,633	\$801,754.62	\$304.50

*The State Farm which is under the Department of Correction, and the State Infirmary which is under the Department of Public Welfare, have mental wards where the Department of Mental Health has but certain legal supervision of the patients therein. The Hospital Cottages for Children is a private institution in which certain mental defectives are boarded by the Department. However, the Division of Legal Settlement and Support Claims of the Department of Mental Health investigates and collects under the statutes, in the same manner as in the case of institutions directly under the Department. As this Department has no control of their maintenance expenditures, these institutions do not appear on Table 4.

TABLE 9. *Trust Funds — By Institution*
(Held under Section 27, Chapter 123 of the General Laws)

INSTITUTIONS	On Hand December 1, 1937	Received During Year	Payments	On Hand November 30, 1938
<i>Hospitals for Mental Diseases:</i>				
Boston Psychopathic Hospital	—	—	—	—
Boston State Hospital	—	—	—	—
Danvers State Hospital	—	—	—	—
Foxborough State Hospital	—	—	—	—
Gardner State Hospital	—	—	—	—
Grafton State Hospital	—	—	—	—
Medfield State Hospital	\$469.93	\$11.75	—	\$481.68
Metropolitan State Hospital	—	—	—	—
Northampton State Hospital	1,076.46	171.54	\$85.43	1,162.57
Taunton State Hospital	—	—	—	—
Westborough State Hospital	4,718.07	140.51	—	4,858.58
Worcester State Hospital	4,535.10	108.53	171.96	4,471.67
Monson State Hospital (epileptic)	—	5,591.16	442.85	5,148.31
Total	\$10,799.56	\$6,023.49	\$700.24	\$16,122.81
<i>Schools for Mental Defectives:</i>				
Belchertown State School	—	—	—	—
Walter E. Fernald State School	\$99,159.71	\$4,074.05	\$1,289.25	\$101,944.51
Wrentham State School	2,102.55	166.08	32.04	2,236.59
Total	\$101,262.26	\$4,240.13	\$1,321.29	\$104,181.10
Grand Total	\$112,061.82	\$10,263.62	\$2,021.53	\$120,303.91

TABLE 10. Value of Farm and Garden Products per Acre under Cultivation — By Institution

INSTITUTIONS	Acres in Garden and Root Crops	Value of Garden and Root Crops	Value of Garden and Root Crops per Acre	Acres in Hay	Value of Hay	Value of Hay per Acre	Acres in Ensilage	Value of Ensilage	Value of Ensilage per Acre
<i>Hospitals for Mental Diseases:</i>									
Boston Psychopathic Hospital	—	—	—	—	—	—	—	—	—
Boston State Hospital	71.70	\$9,611.27	\$134.04	118.80	\$8,029.13	\$67.58	47.00	\$3,998.12	\$85.06
Danvers State Hospital	36.10	6,106.55	169.15	15.40	140.85	9.14	—	—	—
Foxborough State Hospital	83.00	10,425.71	125.61	271.45	5,200.00	19.15	20.00	2,610.00	130.50
Gardner State Hospital	52.00	5,987.43	115.14	60.50	3,066.23	50.68	29.00	2,653.09	91.48
Grafton State Hospital	48.15	9,634.31	200.08	84.20	4,530.17	53.80	34.70	1,623.69	46.79
Medfield State Hospital	51.90	5,892.83	113.54	24.62	4,587.95	23.88	—	—	—
Metropolitan State Hospital	36.00	9,403.72	261.20	127.00	9,401.39	74.02	28.00	3,083.29	110.11
Norhampton State Hospital	51.00	6,011.73	117.87	39.00	2,238.88	57.40	28.00	2,142.68	76.52
Taunton State Hospital	30.50	4,925.68	161.49	138.50	7,645.75	55.20	38.00	3,182.46	83.74
Westboro State Hospital	72.29	9,700.65	134.19	40.50	2,417.30	59.68	35.00	4,081.73	116.62
Worcester State Hospital	34.62	3,328.16	96.13	39.47	1,065.05	26.98	22.34	1,154.10	51.66
Monson State Hospital (epileptic)	—	—	—	—	—	—	—	—	—
Total	567.26	\$81,027.54	\$142.84	959.44	\$44,322.70	\$46.19	282.04	\$24,529.16	\$86.97
<i>Schools for Mental Defectives:</i>									
Belchertown State School	75.00	\$10,265.38	\$136.87	11.00	\$1,451.26	\$131.93	29.00	\$1,980.00	\$68.27
Walter E. Fernald State School	102.44	20,478.46	199.90	160.31	7,014.33	43.75	5.00	450.00	90.00
Wrentham State School	57.00	6,348.14	111.37	71.00	5,470.17	77.04	27.00	1,679.70	62.21
Total	234.44	\$37,091.98	\$158.21	242.31	\$13,935.76	\$57.75	61.00	\$4,109.70	\$67.37
Grand Total	801.70	\$118,119.52	\$147.33	\$1,201.75	\$58,258.46	\$48.47	343.04	\$28,638.86	\$83.48

TABLE 11. Value of Farm Products — By Institution

INSTITUTIONS	Garden Products	Potatoes	Fruit	Field Crops	Milk	Eggs	Poultry	Pork	Beef	Total
<i>Hospitals for Mental Diseases:</i>										
Boston Psychopathic Hospital	—	—	—	—	—	—	—	—	—	—
Boston State Hospital	—	—	—	—	—	—	—	—	—	—
Danvers State Hospital	\$9,524.99	—	\$880.63	\$12,137.43	\$34,182.72	\$5,631.37	\$1,969.00	\$10,651.65	\$1,777.93	\$76,755.72
Foxborough State Hospital	6,106.55	—	1,006.84	1,098.12	22,286.74	2,769.83	762.80	12,245.04	660.76	46,936.68
Grafton State Hospital	6,411.60	—	435.75	9,126.95	32,414.92	8,127.05	3,887.58	8,442.18	1,012.02	73,833.96
Grafton State Hospital	5,817.93	—	2,658.72	7,383.11	31,996.41	6,314.23	2,436.00	11,115.30	462.34	68,184.04
Metfield State Hospital	9,634.31	—	2,250.21	6,195.36	35,212.33	4,061.55	1,068.70	9,349.10	1,048.09	68,819.65
Metropolitan State Hospital	5,892.83	—	85.81	744.45	—	—	—	—	—	6,723.09
Northampton State Hospital	9,403.22	—	1,787.00	12,484.68	31,301.76	4,222.06	935.20	10,669.26	750.01	71,553.19
Taunton State Hospital	5,217.92	—	1,747.67	6,052.91	29,127.60	5,721.78	2,533.45	10,697.62	1,260.78	62,359.73
Westborough State Hospital	4,925.68	—	2,433.28	11,445.29	29,151.34	—	—	9,337.00	1,429.40	58,721.99
Worcester State Hospital	9,700.65	—	344.40	7,784.70	32,216.75	—	—	4,962.31	1,822.38	56,831.19
Monson State Hospital (epil).	3,328.16	—	840.71	2,346.90	23,619.77	—	—	4,181.68	1,251.03	35,568.25
Total	\$75,963.84	\$3,975.91	\$14,471.02	\$76,799.90	\$301,510.34	\$36,847.87	\$13,592.73	\$91,651.14	\$11,474.74	\$626,287.49
<i>Schools for Mental Defectives:</i>										
Belchertown State School	\$10,128.68	—	\$1,214.35	\$3,567.96	\$29,823.31	\$7,203.60	\$2,362.14	\$5,205.98	\$627.30	\$60,133.32
W. E. Fernald State School	15,477.36	\$5,001.10	2,149.35	7,537.83	36,059.48	—	—	5,437.27	1,366.71	73,049.10
Wrentham State School	6,329.90	—	2,970.51	7,349.25	44,175.78	5,118.23	1,344.35	8,857.14	1,082.90	77,228.06
Total	\$31,935.94	\$5,001.10	\$6,334.21	\$18,455.04	\$110,058.57	\$12,321.83	\$3,706.49	\$19,520.39	\$3,076.91	\$210,410.48
Grand Total	\$107,899.78	\$8,977.01	\$20,805.23	\$95,254.94	\$411,568.91	\$49,169.70	\$17,299.22	\$111,171.53	\$14,551.65	\$836,697.97

REPORT OF THE PATHOLOGIST

To the Commissioner of Mental Health:

The ensuing is the thirtieth report of the Pathologist and the twenty-ninth to cover a full year's work.

GENERAL

The pathologist continues to act as an unbiased agent in reporting to the Department such facts as are available concerning patients dying suddenly, unexpectedly or from exogenous causes in the Hospitals under the jurisdiction of the Department (now) of Mental Health, in this Commonwealth.

Wrentham State School. Dr. Benda is cheered over the now completed equipment of the laboratory and focuses attention on careful histological examination of brain, cord and endocrine glands. He speaks with pride of the biochemical laboratory, over which Dr. Emily Bixby presides. He suggests a system of exchange of material from the various hospitals, each contributing to the interest of the other.

Metropolitan. This laboratory, like many businesses, suffers from too many demands on the personnel. Both Dr. Yakovlev, who was resident director of laboratories from December 1937 until Oct. 1, 1938 and his successor, Dr. Richard C. Wadsworth, find that 11,407 clinico-pathological examinations a year are too many for one person. Some plan must be arranged, so that the work can be done more easily — preferably by having another technician to assist. Other activities were the performing of 30 autopsies from a total of 39 deaths, 77 per cent. Recently a tissue technician was secured but before that Dr. Yakovlev had, with his own hands, made serial sections of two brains. Also he had had many conferences with an instrument maker who was constructing a new microtome according to plans elaborated by Dr. Yakovlev.

Dr. Yakovlev has, during a four-year period 1935-1938, conducted an increasingly valuable course in neuro-anatomy, physiology, neuropathology, neuro-psychiatry, neurology, etc., extending over a three-month period. This enables the members of hospital staffs to prepare for the examination to secure a diplomate's certificate in the subjects of neurology and psychiatry. This is much prized by the officers and their gratitude to Dr. Yakovlev is unbounded. It is gratifying that a high percentage of those so prepared, are successful in these examinations. Dr. Wadsworth assisted in this year's teaching, and he is an instructor in pathology at Tufts College Medical School.

Forward plans include more bacteriological work and efforts to make this hospital laboratory a station for pneumococcus typing. Further, interest will center on patients with hypertension and upon those with anemia.

Boston. Dr. Raskin reports new instruments and new interests in chemistry. There was an active autopsy service, but the pressure of numbers of them, as in previous years, was lacking. Therefore many sections could be made of the specimens that had waited and questions answered. In all 10,850 sections were made, too many for one eye. Dr. Raskin would profit by having an interne in pathology. There were 24 lectures given in neuro-anatomy and neuro-pathology, for the staff; the majority by the pathologist. Technical assistance is adequate.

Danvers. Dr. Jacobs has, in the year, performed 142 autopsies, and was responsible for all the X-ray reports. He also attended staff meetings, abstracted the clinical histories of his cases coming to post-mortem, and corrected and edited notes taken at autopsies. Besides these activities he has given two lectures a week to nurses, October-May, in Pathology, Bacteriology and Urinalysis, attended medical or surgical staff rounds, and conducted a pathological conference once a month, at the last part of the year.

For assistance he has one technician and one attendant. Every ounce of formalin used in the autopsy room has to be carried over the side of the hill, and every particle of tissue has to be carried back to the makeshift laboratory in the basement of a residential home for employees. This laboratory has no gas, is a poorly-lighted, roughly-finished series of small rooms. There are boards on carpenter's horses for receiving specimens, and odds and ends of furniture for books, shelving and working surfaces. Of course there have been the usual clinical requests for urinalysis, blood counts, blood chemistry, spinal fluid examinations, milk counts, etc., to attend to.

The Danvers Hospital, once so thriving in its pathological department with a director, residents, volunteer and paid workers, should have a new central building for its activities. The building should be carefully planned to provide *adequate storage space*, a library, technical rooms for histology, clinical pathology, bacteriology and blood chemistry, and an autopsy room adequately lighted, fully equipped with electric refrigeration

for the bodies; (not too near as the machinery makes too much noise). In some of those in which the columbarium is in the same room in which the autopsy is done, the mechanical noises are very wearing; in others there is no noise.

To encourage attendance at an autopsy there must be a commanding place to sit to view the work. The ideal setup is at the State Infirmary, where the seats are placed at an angle sufficiently acute to permit view of the work. Clearly, some plan to relieve Dr. Jacobs of much physical labor must be made, either by reduction of number of autopsies, or securing an interne in pathology and more technical aid and a secretary.

Monson. Dr. Osgood is enthusiastic over the now fully equipped laboratory for histopathological work. It has taken time and patience to provide all that is needed to complete the supplies, but Dr. Osgood looks forward to utilizing the skill of a recently acquired tissue technician to further special studies of the nervous system.

The post-mortem rate is not high. This makes an autopsy an "occasion" and the specimens are valuable. Many brains have been photographed for permanent record and future publication. A plea is made for an assistant to spend full time making electro-encephalograms. This assistant could be another technician.

Boston Psychopathic. This hospital has its own elaborate clinico-pathological laboratory. It houses the offices, laboratory and equipment of the Department's investigative service, which furnishes the hospital with bacteriological culture reports of all sorts (except identification of Klebs-Löffler bacilli) blood, spinal fluid, throats, urine and feces and examines lesions for Spirochaetae by the dark-field method and counts colonies from delivered supplies of milk. The student interne in pathology does this bacteriology. Dr. Canavan and the student do the autopsies and present the records with a protocol and histological examinations of the tissue. Further work with the brains is undertaken by Dr. Solomon's laboratory, now at the Harvard Medical School.

Taunton. Since July first this hospital has been without a pathologist. Dr. Robert Lewis, who had been resident for a year, went into Federal Service at that time. The new laboratory is very well equipped, serves the intended purposes for clinico-pathological requests and is impressive in arrangement. It would be advisable to buy a better grade of formalin for fixation of brain tissue.

It was at Taunton, it will be remembered, that the elaborate technique was perfected for the restoration of the bodies. This cooperation with the undertakers has been greatly to the advantage of the hospital in securing autopsy permissions. The undertakers now would rather have autopsies done, than not.

Northampton. For the first time a full time pathologist was appointed to this hospital on Dec. 1, 1937. Dr. Ruth Parker brings an enthusiasm which bridges the difficulties of crowded quarters and insufficient assistance. Due to delay in the arrival of equipment and suitable housing for it, the tissues saved at the autopsies could not be examined, but the number of autopsies (62) were on 38.7% of the deaths, a marked increase over previous years.

The clinico-pathological laboratory functioned to the point of 7,193 examinations. The majority of these were urine analyses, blood counts and blood chemistry, but bacteriological smears and spinal fluid examinations were also done in large numbers. Thirty-two hours of teaching nurses were included in the eleven months of the year. Dr. Parker's vacation month was used by her for a summer course in pathology in New York.

Belchertown, Grafton and Gardner are now the only stations without a pathologist. Gardner has for some years had electric refrigeration, an autopsy room and equipment. A pathologist will be appointed December 1, 1938. Grafton now has refrigeration, but as yet has no suitable place for performance of autopsies and no equipment for studying tissues, although it has autopsy instruments. Belchertown has adequate facilities and equipment for the actual performance of the autopsies, but no refrigeration and no histological equipment. There are few deaths at this school.

Fernald State School. Since October 1, 1938 Dr. Paul I Yakovlev has had the title of Clinical Director, and his duties will include the direction of the establishing of a laboratory and performance of autopsies. His teaching as mentioned under notes on the *Metropolitan* hospital, necessarily diverted his complete attention from more than organization in these two months.

Worcester. Dr. William Freeman is encouraged by the stabilizing of equipment, new apparatus and, for a few months of this year, the appointment of two internes in pathology. Also he feels pleased at the success of the clinico-pathological conferences, staff attendance at autopsies and investigative work along experimental lines of hormonal

assays in laboratory animals. Work on the indexing of the pathological lesions found at autopsy continues. He has also spent much time teaching internes and nurses.

He would be happier in having more laboratory space, a full time tissue technician, a new autopsy table with good lights, more microtomes. Thoughtful requests instead of multiple requests for clinico-pathological tests would be appreciated, since the working time is overcrowded with such duties.

Medfield. Dr. Navarro makes a point of the now established custom of blood counting, urine analysis, Wassermann test, vaccine as prophylaxis and fluoroscopic examination or X-ray of the chests of all new patients and new employees. In this way the best treatment may be adopted at once, here or elsewhere, for both patient and employee, if any lesions are found. The number of X-ray pictures has increased since 1937, when 1,360 were taken, to 2,354 in 1938. This presents a good reason for an X-ray technician. In cases of suspected tuberculosis, tuberculin P.P.D. is considered better, for diagnosis and prognosis.

The bacteriological work has increased in 1938, partly due to milk counts done twice monthly. Short time tests for determining syphilis in the blood to be used for transfusion purposes has been adopted, and frequent blood counting of patients being treated with sulphanilamide has been done. For these also almost daily quantitative determinations of sulphanilamide in the blood by the Marshall method has been done, for the purpose of warning the clinician of possible complications.

The luetic treatment still is carried out by the pathologist on 30-40 patients each week; a nurse and technician assist.

The autopsy service is fortunately not too heavy, but the problem of histological sections from them and from surgical specimens remains acute. The autopsy room, comfortable as it is, would be greatly improved by a better table with overhead water and a hood over the sink.

Dr. Navarro conducts all these enterprises with the help of one technician, a feat indeed. Two more technicians could be used with great benefit.

Foxborough. Dr. Rothschild continues acting as clinical director, pathologist and co-ordinator. The clinico-pathological work (nearly 5000 tests) is very active and ranks first in numbers of requests met by the laboratory. Dr. Rothschild accepts volunteer workers: in this way the regular workers may have the experience of teaching, and also of having aid after a time.

Thirty-six autopsies are a larger number than has been the usual and afford enough, but not too much material for use in teaching, conferences which are held twice a month, and for continued study. In this aspect microphotographical equipment would be a convenience and a saving for illustrations of lesions in publication of papers.

A gas installment is urgently needed, as well as an incinerator.

Westborough. Dr. L. B. Pierce continues to conduct all types of activities from teaching to eking out technical work in emergencies; from X-ray work to post-mortems and from clinico-pathological chores to research. It is well that the autopsy service is not more brisk than it is or the days would be overfull.

ROUTINE OF THE PATHOLOGICAL SERVICE

Autopsies

From the establishment of the Pathological Service on July 1, 1914, to November 30, 1938 — 3,487 autopsies have been performed. The protocols of these have been bound up to June 25, 1938.

During the year ending November 30, 1938, 65 autopsies have been performed; 24 were done for hospitals without resident pathologists or where the pathologists were ill or absent. The remaining 41 were done to determine the cause of death in patients who died suddenly or unexpectedly.

Boston Psychopathic Hospital	12	Taunton State Hospital	3
Foxborough State Hospital	10	Northampton State Hospital	2
Westborough State Hospital	10	Danvers State Hospital	2
Medfield State Hospital	8	Wrentham State School	2
Walter E. Fernald State School	5	Veterans Adm. Facility, Bedford	2
Grafton State Hospital	4	Monson State Hospital	1
Gardner State Hospital	3	Belchertown State School	1

Total 65

Besides these 65 autopsies (41 of which were sudden death cases), there were 244 cases which required investigation. Since 285 is a larger total than we have previously had,

more conflicts occurred to prevent arrival in time to antedate relatives claiming the bodies through their undertakers. Therefore more reports have been delegated, about which the hospital officers have been most kind. In all 189 visits were paid. Other factors in delegation of reports to be sent to the Pathologist are the decreasing numbers of trains scheduled and the increase in number of pathologists in the service, qualified to do autopsies. The number of autopsies done by others than your pathologist was 102.

Proportion of Autopsies to Deaths in Institutions

	Deaths	Autopsies	Per cent
Walter E. Fernald State School	9	7	78
Metropolitan State Hospital	39	29	74
Hospital Cottages for Children	7	5	71
Worcester State Hospital	222	134	60
Veterans Administration, Northampton	9	5	56
Wrentham State School	40	22	55
Danvers State Hospital	266	142	53
Monson State Hospital	51	25	49
Foxborough State Hospital	83	36	43
Medfield State Hospital	82	34	41
State Infirmary, Mental Wards	17	7	41
Taunton State Hospital	165	68	41
Boston Psychopathic Hospital	30	12	40
Gardner State Hospital	71	28	39
Northampton State Hospital	160	62	39
Boston State Hospital	239	93	39
Belchertown State School	9	2	22
Veterans Administration, Bedford	27	6	22
Westborough State Hospital	157	33	21
Grafton State Hospital	81	16	20
State Farm	35	0	0
Totals	1,799	766	43
Total number of deaths in State Hospitals in Massachusetts in 1938, fiscal year			1,799
Total number of autopsies performed (43%)			766
(a) By laboratories independent of Department		701	
(b) Department		65	

Sudden Deaths

The following table relates to the causative factors in the sudden deaths occurring in the State Hospitals in 1938:

Sudden deaths reported to Department	285
(98 had fractures within the year)	
Number autopsied	143
Number autopsied by service	41

Analysis of the Autopsied Sudden Death Cases in 1938

Acute infections	43 ^{*28}	Aortic thrombi	1
Heart disease	19	Burns	1 ^h
Coronary disease	16	Circulatory collapse	1
Ruptured heart	5	Diabetes mellitus	1
Brain disease	1	Dementia Paralytica	1 [*]
Hemorrhage	7 ^{*3}	Edema of glottis	1
Subarachnoid hemorrhage	1	Gastric ulcer	1
Asphyxia	7 ^{s-6}	Hernia of diaphragm	1
Alcoholism	6	Megacolon	1
Fractures	5 ^{s-2}	Mesenteric thrombosis	1
Carcinoma	4 ^{*1}	Acute hemorrhagic pancreatitis	1
Arteriosclerosis	3 ^{*2}	Pellagra	1
Poisoning	3 ^{s-3}	Perforated viscus	1
Fractured skull	2 ^{1-h}	On operating table	1
Septicemia	2 ^{*2}	Tabes	1
Status epilepticus or Epilepsy	2	Pulmonary tuberculosis	1
		?	1

*Fracture within a year, 37. ^sSuicide, 11. ^hHomicide, 2.

The sudden deaths in the State Hospitals in twenty-five years are herewith presented (either autopsied or non-autopsied):

Year	Deaths	Year	Deaths	Year	Deaths	Year	Deaths
1914 . . .	69	1921 . . .	87	1927 . . .	126	1933 . . .	232
1915 . . .	85	1922 . . .	89	1928 . . .	177	1934 . . .	225
1916 . . .	74	1923 . . .	122	1929 . . .	148	1935 . . .	243
1917 . . .	83	1924 . . .	121	1930 . . .	170	1936 . . .	234
1918 . . .	117	1925 . . .	129	1931 . . .	175	1937 . . .	247
1919 . . .	77	1926 . . .	136	1932 . . .	215	1938 . . .	285
1920 . . .	84						

a total of 3,750 of which 1,668, or 44%, have been autopsied.

Analysis of Autopsies of Sudden Death Cases

In 1938, 285 cases in which death occurred suddenly were reported to the Department — an increase of 38 over last year. Exogenous causes in the autopsied cases (143) are asphyxia (suicidal) in six cases, alcoholism six, fractures five (suicidal 2), poisoning three, fractured skull two (one homicide), burns one (homicide), on operating table, one.

Of the endogenous causes, acute infections lead (as always) with 43 cases, all types of heart lesions 40; others of scattering causes. Perhaps the most striking because of their rarity a diaphragmatic hernia, diabetes mellitus, edema of the glottis, and pellagra, one each.

Suicides in State Hospitals

Year	Suicides	Year	Suicides	Year	Suicides	Year	Suicides
1914 . . .	9	1921 . . .	12	1927 . . .	19	1933 . . .	13
1915 . . .	6	1922 . . .	10	1928 . . .	19	1934 . . .	15
1916 . . .	9	1923 . . .	14	1929 . . .	13	1935 . . .	19
1917 . . .	12	1924 . . .	10	1930 . . .	13	1936 . . .	12
1918 . . .	18	1925 . . .	15	1931 . . .	26	1937 . . .	27
1919 . . .	13	1926 . . .	14	1932 . . .	23	1938 . . .	18
1920 . . .	13						

Analysis of Suicides Autopsied and Non-Autopsied

Eighteen suicidal deaths occurred during the year ending November 30, 1938. This figure includes those who made the attempt before admission and died in the hospital, those on leave or escape and those actually in the hospital. (Three others made some feeble attempt before coming but died of other causes).

Of the 18 the sexes were divided equally, 9-9. The youngest was 24, the oldest 64. Four took poison, 3 jumped from heights, 7 hanged themselves, 1 each sought death in asphyxia by strangulation, shooting, drowning and one by throwing herself before an elevated train.

Five patients came to their death by homicide. One was burned by scalding water thrown by a patient, 3 were attacked by patients and 1 was knocked down by an attendant and his skull fractured.

Casualties

It is a matter of great concern that the number of casualties (1,029), should have greatly exceeded any previous year's record. Of course these include those occurring before entrance and noted on the initial physical examination, which may account for many, and thus are chargeable to extramural accidents. Attention is called to the flooring. It might be one of the factors in the number of accidents in any year. If the floor surfaces were *not so highly polished* it would seem that every one would feel his footing were more secure. Other types of flooring could be used, such as cork. Especially is the rise of fractures notable 716 (Table B), while in 1937, 486 were reported. The total severe injuries, 784, are higher by 255, than in 1937 when they were 529. The less severe injuries also increased in number from 254 in 1937 — to 368 in 1938. Of course every year shows an increase of numbers of patients under care.

Casualties in State Hospitals

Year	Casualties	Year	Casualties	Year	Casualties	Year	Casualties
1914 . . .	346	1921 . . .	257	1927 . . .	314	1933 . . .	667
1915 . . .	320	1922 . . .	258	1928 . . .	387	1934 . . .	679
1916 . . .	304	1923 . . .	292	1929 . . .	503	1935 . . .	669
1917 . . .	237	1924 . . .	297	1930 . . .	557	1936 . . .	723
1918 . . .	221	1925 . . .	275	1931 . . .	537	1937 . . .	702
1919 . . .	208	1926 . . .	351	1932 . . .	688	1938 . . .	1,029
1920 . . .	240						

In the manner of injury (Table C) as before "Unavoidable Natural Causes" provided the largest number, followed by "Asocial Acts of Another Patient," "Impulsive Act," "Unknown" and "Occupational Other than Farming or Machinery." It will be remembered these are not fatal occurrences, but complications may lead to death.

In considering the distribution of casualties by hospitals (Table A) Worcester has the largest number, and the injuries sustained are mostly of the severe type (Table B) and Danvers follows. As in 1937 the Veterans' Hospitals show more in one than the other (83 to 7). Men exceed women in accidents by 145 in totals, but in many hospitals they nearly balance in numbers, and in some the women exceed the males.

INVESTIGATIONS

As happened last year, we found ourselves in the situation of being behind in our typing. The volume of work exceeds the capacity of one person to cover the demands, especially as there is by law fewer working hours in a year. We had then the satisfaction of having a temporary typist to assist in bringing the records up to date and we now have in Series A 2,950, in Series B 500, making a total of bound protocols, 3,450. It is a great convenience to have protocols under covers, since a protocol lost, as it can be if separate, is a gap which can never be filled.

Mention was made in last year's report of a study of spinal cords from the files in this laboratory. It has been completed and will be used (by invitation) in the Fifth E. Bates Block Memorial Lecture in Atlanta, Georgia, early in 1939. That cords in this unselected series of 600, showed lesions in 81.66% of cases, commands attention to the often expressed interest in cord removal, even though it might detain the delivery of the body another half hour. The striking lesions upon which all observers would agree were present in 9.83% and featured subacute combined system disease in the highest number; 71.83% showed peripheral lesions thought to result from poor blood supply, deficient red cells and hemoglobin and a response to deficient vitamin A content in the diet.

Another activity which was a pleasure was in collaborating with Dr. P. I. Yakovlev in demonstrating gross brain lesions to members of the Hospitals' staffs who were preparing to become diplomates in neuropsychiatry.

Sponsored by the Department, an invitation to display structural anomalies and enlarged brain photographs in Defectives at the Hotel Headquarters of the American Association on Mental Deficiency, was accepted. A room was cleared, pictures arranged and museum material grouped for the demonstration of structural defects. A very flattering reception was given to the display and interest was expressed in our next project. This project was the long-delayed publication of the Third Ten of the "Waverley Researches on the Pathology of the Feeble-Minded." It was accomplished on Nov. 30, 1938, with the delivery of 1,000 copies of the monograph. In this, Doctor Taft and I could make no offhand conclusions of the causes of the defective's state, as we were both committed to the principle of making none until a suitable number were studied. The Fourth Ten, is under way in the hands of our research technician at the present time, and we hope to emerge with still another volume (Fifth) toward our goal of fifty cases studied intensively before the year 1940 closes.

A less commanding production but one which fired zeal was Miss Ellen R. Scott's preparation of the central nervous system in a defective. The original Weigert myelin sheath stain was used to show the distribution of lesions of multiple sclerosis throughout the hemispheres of the brain and of the cord of a defective. This may be presented in the spring of 1939 before a national association; both for its rarity and its beauty we take pride in the result.

One case, 1938.3, presented a most remarkable unilateral fatty tumor of face with an accompanying massive enostosis. Another, 1938.13, had a vascular tumor of the pituitary, 1938.28 had a hernia through the diaphragm, 1938.35 presented blue teeth, one, 1937.97 died of allergy.

That 98 of the total 285 cases reported had received a fracture within a year must be emphasized. In all 716 fractures were sustained, totalling 13.69 per cent who died within a year after the injury, though not necessarily because of it.

The following table shows the routine work of the investigative staff of the Department's pathological service:

Visits to institutions	189	Less severe injuries	368
Autopsies in cases of sudden deaths	41	Total injuries	1,152
Severe injuries in institutions	784	Publications by State officers	98

CASUALTY TABLE A. *Casualties arranged by Institutions*

	Males	Females	Patients	Accidents	Injuries
Worcester Hospital	76	71	147	159 ^{2,7,8,11}	180
Danvers Hospital	51	55	106	110 ^{6,12}	129
Foxborough Hospital	38	46	84	89 ^{2,5,12}	102
Walter E. Fernald State School	72	17	89	91 ⁴	97
Veterans Adm. Facility, Bedford	79	—	79	83 ⁵	90
Northampton Hospital	25	32	57	58 ^{1,10}	66
Wrentham State School	40	12	52	56 ^{2,4}	66
Boston Hospital	25	28	53	54 ^{1,11}	65
Metropolitan Hospital	29	26	55	61 ^{2,6}	63
Medfield Hospital	20	28	48	49 ¹	57
Taunton Hospital	19	30	49	52 ^{5,11}	54
Monson Hospital	18	16	34	35 ¹	35
Westborough Hospital	13	18	31	31	34
Grafton Hospital	10	11	21	25 ^{2,4}	28
Gardner Hospital	14	11	25	25	27
Belchertown State School	11	5	16	18 ²	19
Boston Psychopathic Hospital	6	5	11	11 ⁹	13
Bridgewater State Farm	4	—	4	4	8
Veterans Adm. Facility, Northampton	7	—	7	7	7
McLean Hospital	1	3	4	4	4
Ring Sanatorium and Hospital	1	1	2	2	3
State Infirmary, Mental Wards	2	1	3	3	3
Hospital Cottages for Children	1	—	1	1	1
Woodlawn Sanitarium	—	1	1	1	1
Totals	562	417	979	1,029	1,152

¹Two accidents to one patient.²Three accidents to one patient.³Four accidents to one patient.⁴Two accidents to two patients.⁵Two accidents to three patients.⁶Two accidents to four patients.⁷Two accidents to five patients.⁸Three accidents to two patients.⁹Accident prior to admission.¹⁰Three accidents prior to admission.¹¹Four accidents prior to admission.¹²Eight accidents prior to admission.¹³Ten accidents prior to admission.CASUALTY TABLE B. *Casualties arranged by Institutions and Severity of Injury*

INSTITUTIONS	Fractures	Dislocations	Gun-shot	Other Severe Injuries	Total Severe Injuries	Less Severe Injuries	Total Injuries
<i>Receiving Institutions</i>							
Boston Psychopathic Hospital	9	1	—	—	10	3	13
Boston Hospital	49	2	—	1	52	13	65
Danvers Hospital	107	4	—	2	113	16	129
Foxborough Hospital	34	1	—	2	37	65	102
Northampton Hospital	48	5	—	2	55	11	66
Taunton Hospital	45	1	—	—	46	8	54
Westborough Hospital	29	—	—	—	29	5	34
Worcester Hospital	140	14	—	1	155	25	180
<i>Institutions chiefly for Transfers</i>							
Grafton Hospital	13	1	—	2	16	12	28
Medfield Hospital	31	2	—	3	36	21	57
Gardner Hospital	19	3	—	1	23	4	27
State Infirmary, Mental Wards	2	—	—	—	2	1	3
Metropolitan Hospital	35	2	—	1	38	25	63
<i>Institutions for the Feeble-Minded</i>							
Walter E. Fernald School	29	1	—	7	37	60	97
Wrentham School	42	2	—	2	46	20	66
Belchertown School	16	—	—	—	16	3	19
<i>Special Public Institutions</i>							
Monson Hospital	27	1	—	1	29	6	35
Bridgewater State Farm	5	—	—	1	6	2	8
Veterans Adm. Facility, Bedford	25	—	—	2	27	63	90
Vets. Adm. Facility, Northampton	4	—	—	—	4	3	7
<i>Special Private Institutions</i>							
Hospital Cottages for Children	1	—	—	—	1	—	1
McLean Hospital	3	—	—	—	3	1	4
Ring Sanatorium and Hospital	2	—	—	—	2	1	3
Woodlawn Sanitarium	1	—	—	—	1	—	1
Totals	716	40	—	28	784	368	1,152

CASUALTY TABLE C. Accidents arranged by Manner of Injury and Institution

MANNER OF INJURY	Institution																							
	Belchertown State School	Boston State Hospital	Bridgewater State Farm	Danvers State Hospital	Walter E. Fernald School	Foxborough State Hospital	Gardner State Hospital	Gratton State Hospital	Hospital Cottages for Children	McLean Hospital	Medfield State Hospital	Metropolitan State Hospital	Monson State Hospital	Northampton State Hospital	Boston Psychopathic Hospital	Ring Sanatorium and Hospital	Mental Wards, State Infirmary	Taunton State Hospital	Vet. Adm. Facility, Bedford	Vet. Adm. Facility, Northampton	Westborough State Hospital	Woodlawn Sanitarium	Worcester State Hospital	Wrentham State School
Unknown	74	9	—	11	3	6	1	1	—	—	2	—	1	7	1	—	—	3	6	1	1	—	—	1
Medical Accidents	18	—	—	2	—	1	—	3	—	—	3	13	—	2	1	—	—	1	1	—	2	—	—	21
Suicidal	53	—	—	7	—	7	—	—	—	—	—	—	—	1	3	—	—	3	4	—	—	—	—	9
Homicidal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Self-Mutilation	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Sex-Assault	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Motivated Act	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Impulsive Act	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Reaction to Hallucination	104	5	1	4	4	12	1	3	—	1	5	11	1	9	1	—	1	8	16	1	1	1	—	15
Psychomotor Excitement	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Motor Restlessness	5	—	—	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralysis	7	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arteriosclerotic Seizure	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ataxia	5	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Muscular Weakness	3	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sense Defect	4	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paretic Seizure	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptic Seizure	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epileptiform Seizure	42	3	1	1	2	8	—	1	—	—	2	1	15	—	—	—	—	1	4	—	1	—	—	1
Seizure of Other Nature	4	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Habitual Dislocation	8	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Asocial Acts	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Of Another Patient	150	9	—	23	7	14	6	3	—	—	9	9	2	7	—	—	—	6	8	1	4	—	—	36
Of Attendant	5	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Scuffle of Patients	29	—	—	3	1	3	3	1	—	—	3	2	—	—	—	—	—	—	—	—	—	—	—	10
Scuffle with Attendant, Male	9	—	1	3	—	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	1
Scuffle with Attendant, Female	5	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Self Defense	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Retaliation	41	2	—	4	2	3	1	2	—	—	2	4	—	—	—	—	1	4	7	—	3	—	—	5
Mayhem	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poisoning	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Occupational	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Machinery	4	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Farming	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other	55	2	—	4	19	1	5	—	—	—	1	2	—	1	—	—	—	1	8	1	2	—	—	1
Unavoidable Natural Causes	371	18	—	41	41	21	7	9	1	1	18	14	16	27	5	—	—	23	22	2	16	1	—	45
Total Accidents	1,029	54	4	110	91	89	25	25	1	4	49	61	35	58	11	2	3	52	83	7	31	1	1	159

PUBLICATIONS

- ALEXANDER, L. and MYERSON, A. — Minerals in normal and pathologic brain tissue, studied by microincineration and spectroscopy. *Arch. Neurol. and Psychiatry*, 39:131-149, January 1938.
- ALEXANDER, L. — The neurone as studied by microincineration. *Brain* 61:52-62, March 1938.
- ALEXANDER, L., PIJOAN, M., SCHUBE, P. G., MOORE, M. — Cevitamic acid content of blood plasma in alcoholic psychoses. *Arch. Neurol. and Psychiatry*, 40:58-65, July 1938.
- ALEXANDER, L. and LOONEY, J. M. — Physiochemical Properties of Brain, Especially in Senile Dementia and Cerebral Edema: Differential Ratio of Skull Capacity to Volume, Specific Weight, Water Content, Water-Binding Capacity and pH of the Brain. *Arch. Neurol. and Psychiatry*, 40: 877, November, 1938.
- ANGAL, ANDRAS — The Concept of Bionegativity. *Psychiatry*, 1: 303, August 1938.
- BELL, R. M. and TALKINGTON, P. C. — An Evaluation of Hydrotherapy in the Treatment of Delirium Tremens. *Amer. Jour. Psychiat.*, Vol. 95, No. 1, July 1938.
- BENDA, C. E. — Studies in the Endocrine Pathology of Mongoloid Deficiency. *Proceedings of the American Association on Mental Deficiency*, Vol. 43: 151-155, 1938.
- CAMERON, D. EWEN — Further Experiences in the Insulin-Hypoglycemia Treatment of Schizophrenia. *J. Nerv. and Ment. Dis.* 87: 14, January 1938.
- CAMERON, D. EWEN — The Early Diagnosis of Schizophrenia by the General Practitioner. *New England J. Med.* 218: 221, February 1938.
- CAMERON, D. EWEN — Early Schizophrenia. *Am. J. Psychiatry*, 95: 567, November 1938.
- CAMPBELL, C. MACFIE — Emotional Factors in Health and Disease. *Transactions and Studies of the College of Physicians of Philadelphia*, 4 Ser., Vol. 6, No. 1, June 1938.
- CAMPBELL, A. C. P., ALEXANDER, L., PUTNAM, T. J. — Vascular pattern in various lesions of the human central nervous system. Studies with the benzidine stain. *Arch. Neurol. and Psychiatry*, 39: 1150-1202, June 1938.
- CANAVAN, MYRTELLE M. — Enostoses within the Calvarium. Reprinted, with additions, from the *Arch. of Neurol. and Psychiatry*, Vol. 38, pp. 1240-1242, December 1937.
- CANAVAN, MYRTELLE M. — Enostoses of the Calvarium. Reprinted, with additions, from the *Arch. of Neurol. and Psychiatry*, Vol. 39, pp. 41-53, January 1938.
- CANAVAN, MYRTELLE M. and TAFT, A. E. — Waverley Researches in the Pathology of the Feeble-Minded. (Research Series, Cases XXI-XXX).
- COHEN, B., MYERSON, A. — The effective use of phenobarbital and benzedrine sulphate (amphetamine sulfate) in the treatment of epilepsy. *Am. J. Psychiat.*, 95: 371-393, September 1938.
- COHEN, L. H. and LINDLEY, S. B. — Studies in Vibratory Sensibility. *Am. J. Psychol.* 51: 44, January 1938.
- COHEN, L. H. — Imagery and Its Relations to Schizophrenic Symptoms. *J. Ment. Sc.* 84: 284, March 1938.
- COHEN, L. H. and FIERMAN, J. H. — Metabolic, Cardiovascular, and Biochemical Changes Associated with Experimentally Induced Hyperthyroidism in Schizophrenia. *Endocrinology* 22: 548, May 1938.
- COHEN, L. H. — Observations on the Convulsant Treatment of Schizophrenia with Metrazol. *New England J. Med.*, 218: 1002, June 1938.
- COHEN, L. H. and ROCHLIN, G. N. — Loss of Temporal Localization as a Manifestation of Disturbed Self-Awareness. *Am. J. Psychiat.*, 95: 87-95, July 1938.
- COHEN, L. H. — The Early Effects of Metrazol Therapy in Chronic Psychotic Over-Activity. *Am. J. Psychiat.*, 95: 327, September 1938.
- CORWIN, WILLIAM — Physiological Patterns and Mental Disturbances. With Dr. John W. Thompson and Dr. J. H. Aste-Salazar. *Nature Magazine*, Vol. 140, December 18, 1937.
- CORWIN, WILLIAM — An Experimental Case of Anoxemia. With Dr. John W. Thompson. *Arch. of Neurol. and Psychiatry*, Vol. 30, No. 6, December 1938.
- DAMESNEK, W., LOMAN, J., MYERSON, A. — Human Autonomic Pharmacology. VII. The effect on the normal cardiovascular system of acetyl-beta-methylcholine chloride, atropine, prostigmin, benzedrine, with especial reference to the electrocardiogram. *Am. J. Med. Sci.* 195: 88-103, January 1938.

- DARRAH, L. W.—Sense of Smell of Patients with Neurosyphilis, Especially of those with Dementia Paralytica. *Arch. of Dermatology and Syphilology*, December 15, 1937, Vol. 36, pp. 1181-1184, Chicago, Illinois.
- DAYTON, N. A.—What Massachusetts Does for Its Mental Defectives. *N. E. Jour. of Med.*, 218: 13-15. January 6, 1938.
- DAYTON, N. A.—Dyar, M.B., Fagan, H., and Andrews, M. E.: Community Supervision of Non-Institutional Mental Defectives in Massachusetts. *Ann. Proc. 62nd Annual Meeting. American Association on Mental Deficiency. Richmond, Virginia. April 20-23, 1938, Vol. 1, pp. 40-46.*
- DEAN, S. R.—A Form of Chronic Epidemic Encephalitis Simulating Landouzy-Dejerine Type of Progressive Muscular Dystrophy — The Value of Creatine Metabolism. Studies as an Aid in the Differential Diagnoses. *Arch. Neurol. and Psychiatry*, Vol. 38, November 1937.
- DEAN, S. R.—Intravenous Autohemotherapy with Hemolyzed Blood — Technic and Leucocytic Response. *Jour. Lab. and Clinical Medicine*, May 1938.
- DOHERTY, M. M., SUH, T. H., ALEXANDER, L.—New Modifications of the bensidine stain for study of the vascular pattern of the central nervous system. *Arch. Neurol. and Psychiatry*, 40: 158-162, July 1938.
- DORFMAN, ROBERT — The Use of Fiducial Probability in the Interpretation of Inclusive Experiments. *Biometric Bull.*, 1: 97, December 1937.
- DORFMAN, ROBERT — A Note on the S-Method for Finding Variance Formulae. *Biometric Bull.*, 1: 129, September 1938.
- EPSTEIN, SAMUEL H. — The Treatment of Neurosyphilis. *Jour. Conn. State Med. Soc.*, June 1938.
- FARRELL, M. J.—The Use of Prostigmin as a Preparation for Abdominal Roentgenography. *New England Journal of Medicine*, Vol. 219, No. 8, Aug. 25, 1938.
- FERTIG, J. W. and PROEHL, E. A.—A test of a Sample Variance Bases on Both Tail Ends of the Distribution. *Annals of Mathematical Statistics*. 8: 193, December 1937.
- FREEMAN, H.—Variability of Circulation Time in Normal and in Schizophrenic Subjects. *Arch. Neurol. and Psychiatry*, 39: 488, March 1938.
- FREEMAN, H. and NICKERSON, R. F.—Skin and Body Temperatures of Normal Individuals under Cold Conditions. *J. Nutrition*, 15: 597, June 1938.
- FREEMAN, WILLIAM and GLASS, W. E.—Relations of the Adrenal Glands at Autopsy with Clinico-pathological Findings and with Blood Vitamin C. *Am. J. Clin. Pathol.* 8: 197, March 1938.
- FRIEDMAN, EMERICK — Newer Treatments in Schizophrenia. *Clinical Medicine and Surgery*, Vol. 45.
- FRIEDMAN, EMERICK — The Metrazol Controversy. *Journal of the American Medical Association*. p. 144, Vol. 110, No. 2, January 8, 1938.
- FUCHS, R. T.—An Initial Depression of Heart Rate in Response to Epinephrine in Human Subjects. *J. Pharmacol. and Exper. Therap.* 63: 143, June 1938.
- GOLDMAN, ROSALINE and SHAKOW, DAVID — The Effect of Age on the Stanford-Binet Vocabulary Score of Adults. *Jour. Educ. Psychol.*, Vol. 29, pp. 241-256, 1938.
- GREENBERG, B., LOMAN, J., MYERSON, A.—Human Autonomic Pharmacology. XIII. Effect of mecholyl and prostigmin on size and tonus of bladder. *J. Urol.* 40:280-284, August 1938.
- GUTHRIE, R. H.—A Review of Three Hundred General-Hospital Patients Admitted to the Boston Psychopathic Hospital during 1937. *New England J. Med.*, Vol. 219, No. 7, pp. 217-222, Aug. 18, 1938.
- HARRIS, A. J. and SHAKOW, DAVID — Scatter on the Stanford-Binet in Schizophrenic, Normal, and Delinquent Adults. *J. Abnorm. and Social Psychol.*, 33: 100, January 1938.
- HOAGLAND, HUDSON, CAMERON, D. E. and RUBIN, M. A.—Electrical Brain Waves in Relation to Insulin Treatment of Schizophrenics. *M. Rec.* 147: 293, April 1938.
- HOAGLAND, HUDSON — Electroencephalograms in Schizophrenia. (Abstract only). *J. Nerv. and Ment. Dis.*, 87: 337, March 1938.
- HOAGLAND, HUDSON, CAMERON, D. E. and RUBIN, M. A.—Emotion in Man as Tested by the Delta Index of the Electro-Encephalogram: I. *J. Gen. Psychol.*, 19: 227, October 1938.
- HOAGLAND, HUDSON, CAMERON, D. E., RUBIN, M. A. and TEGELBERG, J. J.—Emotion in Man as Tested by the Delta Index of the Electro-Encephalogram: II. Simultaneous Records from Cortex and from a Region near the Hypothalamus. *J. Gen. Psychol.* 19: 247, October 1938.

- HOSKINS, R. G.—Oxygen Metabolism in Schizophrenia. *Arch. Neurol. and Psychiatry*, 38: 1261, December 1937.
- JELLINEK, E. M.—Some Uses and Abuses of Statistical Method in Psychiatry. *Biometric Bull.*, 1: 97, December 1937.
- JOHNSON, W. J.—A Theorist Views the Insulin Shock Treatment of Schizophrenia. In *Medical Record*, October 5, 1938.
- KIRKPATRICK, M. E.—Understanding the parent. *Understanding the Child*, 6: 3, January 1938.
- KOPP, ISRAEL (with Gibson, John G.)—Studies in the Physiology of Artificial Fever. I. Changes in the Blood Volume and Water Balance. (From the Dept. of Medicine, Harvard Medical School; the Medical Clinic of the Peter Bent Brigham Hospital; and the Dept. of Neurosyphilis of the Boston Psychopathic Hospital). *Jour. of Clinical Investigation*, Vol. XVII, No. 3, pp. 219–232, May 1938.
- KRINSKY, C. M. (with Merritt, H. Houston)—Neurologic Manifestations of Subacute Bacterial Endocarditis. *New England Journ. of Medicine*, Vol. 218, No. 13, pp. 563–566, March 31, 1938.
- LENGYEL, B. A. and FREEMAN, H.—Analysis of the Effects of High Humidity on Skin Temperature. *Biometric Bull.*, 1: 139, September 1938.
- LESLIE, F. E.—Occupational Therapy for Psychotic Patients in Midlife. *The Medical Bulletin, Veterans Administration*, July 1938.
- LESSES, M. F., MYERSON, A.—Human Autonomic Pharmacology. XVI. Benzedrine sulfate as an aid in the treatment of obesity. *New England J. Med.*, 218:119–124, January 20, 1938.
- LEVINGSTON, ANNE G.—Incidence of Pilonidal Sinuses in Mental Defectives. *Jour. Nerv. and Ment. Dis.*, February 1938.
- LOMAN, J., GREENBERG, B., MYERSON, A.—Human Autonomic Pharmacology. XIX. The effect of mecholyl, prostigmin, benzedrine sulfate and atropine on the urinary tract; urographic studies. *New England J. Med.* 219: 655–660, October 27, 1938.
- LOMAN, J.—Human craniovertebral dynamics. *Am. J. Surg.* 39:479–494, March 1938.
- LOONEY, J. M. and GLASS, W. E.—Protamine Insulinate in the Treatment of Diabetes in Psychotic Patients. *Am. J. M. Sc.* 194: 810, December 1937.
- LOONEY, J. M. and FREEMAN, H.—Oxygen and Carbon Dioxide Contents of Arterial and Venous Blood of Schizophrenic Patients. *Arch. Neurol. and Psychiat.* 39: 276, February 1938.
- MYERSON, A., THAU, W.—Human Autonomic Pharmacology. XI. Effect of benzedrine sulfate on the Argyll Robertson pupil. *Arch. Neurol. and Psychiat.* 39:780–788, April 1938.
- MYERSON, A.—Human Autonomic Pharmacology. XII. Theories and results of autonomic drug administration. *J.A.M.A.*, 110: 101–103, January 8, 1938.
- MYERSON, A., LOMAN, J., RINKEL, M., LESSES, M. F.—Human Autonomic Pharmacology. XVIII. Effects of the intra-arterial injection of acetylcholine, acetyl-beta-methylcholine chloride, epinephrine, and benzedrine sulfate. *Am. Heart J.*, 16: 329–335, September 1938.
- MYERSON, A.—Neuroses and neuropsychoses—illustrative case histories. *Am. J. Psych.*, 94: 961–983, January 1938.
- MYERSON, A.—Traumatic neuroses. *Medical Clinics of North America*, Boston number—647–662, May 1938.
- MYERSON, A.—The legal phases of psychiatry. *Am. J. Medical Jurisprudence* 1: 73–78, October 1938.
- PIJOAN, M., ALEXANDER, L., WILSON, A.—Ascorbic acid in cerebro-spinal fluid. *J. Clin. Investig.*, 17: 169–172, March 1938.
- PROEHL, E. A.—The Transition from Institutional to Social Adjustment. *Am. Sociological Rev.*, 3: 534, August 1938.
- RANDALL, L. O., CAMERON, D. E. and LOONEY, J. M. — Changes in Blood Lipids during Insulin Treatment of Schizophrenia. *Am. J. M. Sc.* 195: 802, June 1938.
- RANDALL, L. O.—Chemical Topography of the Brain. *J. Biol. Chem.* 124: 481, July 1938.
- RICKERS OVSIANKINA, MARIA — The Rorschach Test as Applied to Normal and Schizophrenic Subjects. *Brit. J. M. Psychol.* 17: 227, March 1938.

- RINKEL, M., PIJOAN, M.—Studies on cholinesterase activity. I. A Manometric method of assaying cholinesterase action. *J. Pharmacol. and Exper. Therap.*, 64: 228–235, October 1938.
- ROBINSON, L. J.—Notes on the Observed Effects of Prostigmin in Man: Patients with Epilepsy. *Journal of Pharmacol. and Exper. Therapy*, 61: 393–396, December 1937.
- ROBINSON, L. J.—Benzedrine Sulfate in the Treatment of Syncope Due to a Hyperactive Carotid Sinus Reflex. *N. E. Journ. of Medicine*, 217: December 1937, 952–953.
- ROBINSON, L. J.—Simple Solitary Renal Cyst. *The Journal of Urology*, Vol. 41, No. 1, July 1938.
- ROBINSON, L. J.—Intravenous Paraldehyde Narcosis for Pneumoencephalography. *N. E. Journ. of Medicine*, Vol. 219, No. 4, pp. 114–117, July 28, 1938.
- ROSENZWEIG, SAUL — The Definition of Ambivalence. *Brit. J. M. Psychol.*, 17: 223, March 1938.
- ROSENZWEIG, SAUL — A Basis for the improvement of Personality Tests with Special Reference to the M-F Battery. *J. Abnorm. and Social Psychol.*, 33: 476, October 1938.
- ROSENZWEIG, SAUL — Explorations in Personality. Experimental Studies of Repression (Chapt. XVIII). Experimental Measurement of Types of Reaction to Frustration (Chapt. XXIV). (Book edited by Henry A. Murray). Published by Harvard Psychological Clinic, 1938.
- ROTHSCHILD, D. — Senile Chorea and Its Relation to Huntington Chorea. *Journal of the Mount Sinai Hospital*, Vol. 5, No. 4, November-December, 1938.
- RUBIN, M. A. — The Distribution of the Alpha Rhythm over the Cerebral Cortex of Normal Man. *J. Neurophysiol.*, 1: 313, July 1938.
- RUBIN, M. A. — A Variability Study of the Normal and Schizophrenic Occipital Alpha Rhythm: I. *J. Psychol.*, 6: 325, October 1938.
- RUBIN, M. A. and COHEN, L. H.— The Electro-Encephalogram in Bromide Intoxication. *Arch. Neurol. and Psychiat.* 40: 922, November 1938.
- RUBIN, M. A. and FREEMAN, HARRY — The Influence of Cyanide on Brain Potentials in Man. *J. Neurophysiol.*, 1: 527, November 1938.
- SCHUBE, P. G., RASKIN, N. A., CAMPBELL, E.— Cholesterololysis in the blood plasma of normal man. *Journ. Lab. and Clin. Med.*, Vol. 23, pp. 711–717, April 1938.
- SEMRAD, E. V.— Studies of Blood Proteins in Delirium Tremens. *Am. J. M. Sc.*, Vol. 195, No. 6, June 1938.
- SEMRAD, E. V.— Study of the Auditory Apparatus in Patients Experiencing Auditory Hallucinations. *Am. J. Psychiat.* Vol. 95, No. 1, July 1938.
- SHAKOW, DAVID — An Internship Year for Psychologists (With Special Reference to Psychiatric Hospitals). *J. Consult. Psychol.* 2: 73, May 1938.
- SOLOMON, H. C. and KOPP, ISRAEL — Physiopathological Aspects of Artificial Fever. *Med. Rec.*, Vol. 148, No. 2, January 1938.
- STAVSKY, W. H. — A Short Note on a Child's Drawing. *Am. J. Orthopsychiat.* 8: 560–561, July 1938.
- STEIN, CALVERT — Practical Aspects of Child Guidance: A Critical Analysis of 500 Cases. *N. E. Jour. of Medicine*, 219: 844–847, Nov. 24, 1938.
- VICARY, W. H. — "Luetic osteitis simulating malignant disease." *The American Journal of Roentgenology and Radium Therapy*, Vol. XL, No. 2, August 1938.
- WELLS, F. L. — Psychometric Practice in Adults of Superior Intelligence (III). *Am. Journ. of Orthopsychiatry*, Vol. 8, 1938.
- WELLS, F. L. — "Shuttling" in Argiope Aurantia. *Psyche*, Vol. 45, 1938.
- WHITMAN, ESTHER C. — He is My Child, Too. *Understanding the child.* 6: 19, January 1938.
- WILSON, WILFRED — "Oxygen Therapy in Periodontia." *Dental Survey*, Vol. 14, No. 7, July 1938.

Respectfully submitted,

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REPORT OF THE DIVISION OF MENTAL HYGIENE

To the Commissioner of Mental Health:

The sixteenth annual report of the activities of the Division of Mental Hygiene for the fiscal year ending November 30, 1938 is herewith submitted.

This report has embodied in it the work of the social service, psychological and psychiatric subdivisions, an account of the educational facilities, and the accomplishment of research within and under the direction of the Division of Mental Hygiene.

The general organization, methods of study and therapy have been followed as in previous years. The chief objectives have been in the clinical, educational and research fields. There had been little deviation from this program until the latter part of November, when more concentrated effort was made to broaden the scope of research and stimulate educational activities in mental hygiene. A complete survey of all institutions in reference to the training of students and all extramural activities was begun and will be continued. A careful evaluation of the work already accomplished by the child guidance and mental hygiene clinics, affiliated with the institutions, will be made.

On November 21, a full time Director was appointed to supervise and direct the work of the Division. Under the present organization of the Department of Mental Health, this work will include three phases of mental hygiene — 1. Directing the work of the Habit Clinics and the Child Guidance Clinics under the Division; 2. Directing the educational program, including the training of all students in the institutions and in the Division, and the disseminating of mental hygiene information; 3. Directing research, both divisional and institutional.

The following changes in personnel have occurred during the year:

December 1, 1937, Mrs. Ada L. Allport was appointed to the position of Psychologist.

During September to November 28, 1938: On September 1, Mrs. Edith Carlson was appointed to the position of Psychologist; October 15, Doctor Philip Solomon resigned his position of Senior Psychiatrist, and on the 16th Doctor Hans Molholm was appointed to the position of Senior Psychiatrist (part time); on November 21, Doctor Douglas A. Thom resigned his position as Director of the Division (part time), and was appointed as Consultant of Research; Doctor Edgar C. Yerbury was appointed to the position of Director of the Division (full time); Doctor Olive A. Cooper was promoted to the position of Director of the Child Guidance Clinic in Springfield; and Miss Clarace E. Galt was promoted to the position of Head Social Worker of the Child Guidance Clinic in Springfield; on the 28th Doctor Margaret D. Welch was appointed to the position of Senior Psychiatrist (part time).

ORGANIZATION AND GROWTH OF THE DIVISION

The Division was organized during the latter part of 1922 because of the need for preventive work. It was recognized then that the problem of the care of our mentally ill was fast becoming one of great magnitude. It was felt that the only way to approach so great a problem was to stimulate preventive measures. At the time of organization there was no trained personnel for undertaking so great a task. It was, therefore, necessary for the Division to train its own personnel for its immediate needs, as well as for organization programs in other states. There were no established procedures and standardization of techniques could only be developed after careful analysis and study.

The organization program opened with the establishment of several Habit Clinics in nearby towns and cities, and after these developed and grew they were gradually absorbed as part of the extramural activities of various mental institutions.

Each subsequent year has brought additional growth of the Division so that at present a maximum load is being carried by the personnel. Since the institution of the Division, much information has been gained by the gradual accumulation of a vast number of clinical records. These have been of such value that we are now better able to evaluate and classify the data. This has given us an opportunity to discard those methods which are not profitable and practical, and to accept those which are more efficient.

It is a recognized fact that a definite relationship exists between early behavior difficulties of children and later "nervous" disorders, delinquency, and dependency. It is, therefore, only logical to utilize tested procedures in the diagnosis and treatment of incipient behavior disorders. Qualitative aspects of treatment have been emphasized more than quantitative, and only those forms of therapy have been employed which have been found, through research, to be practical and effective. While the Division has been interested in all the new forms of treatment, only those methods found to be practicable in treating large groups of cases, in an economical manner, have been utilized.

The Division has been mindful of the increase in expenditure of money in carrying on the work of prevention. It would seem that the time has now arrived for a definite decision to be made with reference to the extent to which the Department of Mental Health desires to further develop and expand the program of mental hygiene. After sixteen years of pioneer work in the field of child guidance, during which the value of the Habit Clinics has been definitely demonstrated, it would seem only wise to continue the good constructive program, with the thought ever in mind that all moneys spent in this field are well invested. Prevention of mental illness is the keynote of our present trend of medicine. There has been a gradual increasing public interest in the development of medical and social activities relating to children, and the medical profession and those interested in education have become more mental hygiene minded. Physicians now recognize the value of studying the child as an integrated personality, keeping in mind the important part that the emotional, social and intellectual, as well as physical life plays in the moulding of character. Parents, teachers, judges, and probation officers are all interested in the field of mental hygiene, and now many of them routinely seek advice and assistance through psychiatry. With this ever-increasing demand on our mental hygiene clinics, a better trained personnel is needed to keep up the high standards which are expected to be needed for investigation and therapeutic procedures. It is hoped that the extramural activities of the hospitals will not only be continued but will be more highly developed, so as to more adequately care for the increasing demands by all the agencies requesting advice and assistance.

The present organization of our institutions giving service in the field of mental hygiene is inadequate to supply the demand. We look forward to the time when the need of reorganizing the present system and establishing distinct units will be more clearly felt in order to give full time to all extramural activities under the direction of the State institutions which, in turn, would be supervised by the Division of Mental Hygiene. At the present time, our psychiatrists, psychologists and social workers divide their time part in intramural and part in extramural work, and where the interest is so divided, best results can not be obtained.

THE HABIT CLINICS

The clinics maintained by the Division have functioned efficiently throughout the year, continually stressing the quality of work rather than the quantity. They have continued to serve the same communities as of last year, meeting at the Boston Dispensary, New England Hospital for Women and Children, and the West End Health Unit in Boston, as well as in Lawrence, Lowell, North Reading, Norwood, Quincy and Reading. Two new clinics, the Brockton Habit Clinic and the Springfield Child Guidance Clinic, were organized during the past year, and these will be specifically referred to in subsequent sections of this report. There have been minor changes in the clinic personnel, but no changes in the aim, service and procedure of the clinics. The policy has been to continue to give intensive treatment consistent with highest therapeutic standards to a limited number of children needing prolonged study and treatment. Every case referred has been accepted for appraisal, and recommendations have been made to the referring agencies as to the most practical course to pursue.

The *modus operandi* is briefly described so that interested persons may be better acquainted with the procedure. Children are referred to the clinics for numerous reasons by various sources. These reasons and sources will be found in the tables embodied in the Social Service section of this report. The clinic assumes that a child will require detailed study in order to determine the real cause of the difficulty.

This full study begins with a careful checkup of the child's physical condition, excepting where recent and adequate physical examinations have been made and results of the same reported to the clinic. In some cases where definite physical factors are presented and without doubt are the etiological bases for the child's mental problem, the Habit Clinic acts only in an advisory capacity to the pediatrician or proceeds with a cooperative therapeutic program.

The next step is the psychological study of the child and the interpretation of the results by the psychologist. An evaluation of the child's intellectual endowment, his school achievements, special aptitudes and educational possibilities is made. The psychologist's observation of the child during his period of study offers a definite contribution in a better understanding of the child's personality.

A study of the child's home, school and play environments is made by the psychiatric social worker. This information is obtained from all those having a contact with the

child, as the parents, relatives, teachers, physicians and others familiar with the child's environment. A complete report of the family situation, personal and developmental histories of the child, along with a record of his adjustment in school completes the picture of his environmental background.

The clinic psychiatrist then makes contacts with the child and his parents. The psychiatric study begins with an observation of the child's behavior and reactions. This procedure is then followed by a general summarizing and coordinating of all the information and impressions obtained by the members of the staff. The case is reviewed at a conference of the staff members, a diagnostic summary is made and the treatment outlined, pointing out to the parents and other interested persons the probable causes of the child's difficulties and the mode of proceeding with treatment.

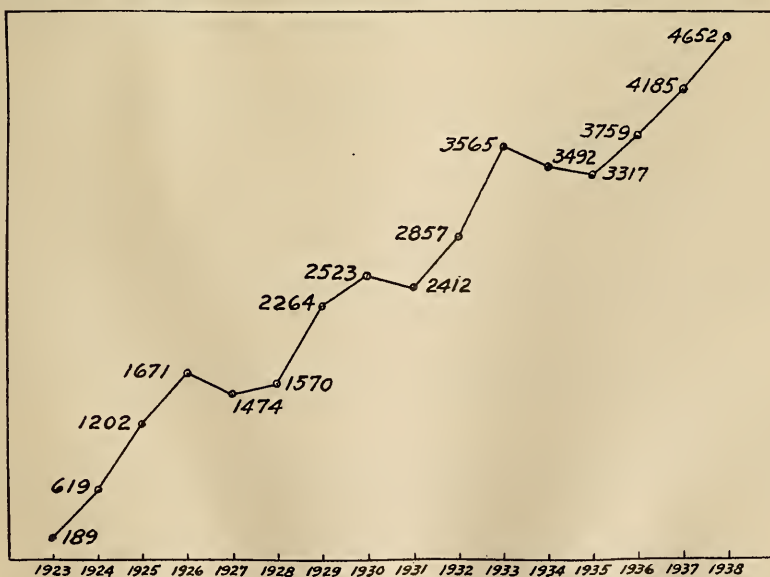
The clinic at Brockton was established on September 13, 1938, after numerous requests had been made by the community. Although having general psychiatric service, the community felt the need for a guidance clinic dealing exclusively with the problems of childhood. The enthusiastic manner in which the clinic has been received by the people has been very encouraging and stimulating.

The space allocated to the Brockton Habit Clinic is particularly well adapted to the use of the clinic staff. There is a large waiting room for parents and their children, and the offices for the psychiatrist, psychologist, social worker and occupational therapists are conveniently located.

The referral of cases has been mostly from the school population and has been handled by the Educational Director of the School System. The large number of cases seen since the organization of the clinic and the rapidly increasing appointment list would indicate that the personnel of the School System is showing much enthusiasm and interest in the clinic. The unusual cooperative spirit existing between the School Department and the clinic staff has resulted in a most efficient service to the community. Because of the large number of cases sent to the clinic by the School Department, the number of referrals by health and social agencies has been small.

The case load represents diversified difficulties of childhood, educational maladjustments, disciplinary problems, and also the more subtle and serious personality and emotional disorders. Much intensive treatment has been given the individual child.

Educational talks have been given by the staff members to interested groups in the community. The conferences between the personnel of the School Department and the clinic staff have been an important part of the educational program.



GRAPH 1. — NUMBER OF VISITS OF CHILDREN
TO HABIT CLINICS 1923-1938

Brockton, a manufacturing city with a population representing most of the nationalities found in industrial centers, presents a typical cross section of society. It would appear that the clinic is giving a real and much needed service to the community.

Graph 1 shows the growth of the Habit Clinics over a fifteen year period, from 1923 to 1938. The total number of visits by the children to all the Habit Clinics is herewith represented.

SOCIAL SERVICE REPORT

The work of the Social Service Department of the Division of Mental Hygiene has continued with a staff of six social workers, five doing clinical case work and one doing research work. During the latter part of November, one member of the Social Service staff was chosen to head the social work in the Child Guidance Clinic in Springfield.

An increased amount of work has been accomplished during the year and a new avenue of service opened up when the Brockton Habit Clinic was established. There has been no increase in the social service staff to meet this new challenge.

TABLE NO. 1. *Habit Clinics — Total Case Load Showing Number of New Cases Attending Clinic, Number of Visits Made by Children to Clinic, and Number of Clinic Sessions December 1, 1937 to November 30, 1938*

	Case Load	Number of Children Attending Clinic	New Cases Attending Clinic	Old Cases Attending Clinic	Visits to Clinic by Children	Number of Clinic Sessions
Total	1,150	1,032	760	272	4,652	435
Boston Dispensary	181	170	145	25	451	94
Brockton ¹	32	32	31	1	105	11
Lawrence	123	106	64	42	511	45
Lowell	71	67	55	12	253	47
New England Hospital	153	136	101	35	448	47
North Reading	29	20	18	2	22	9
Norwood	116	105	74	31	700	44
Quincy	205	184	128	56	1,035	47
Reading	77	68	43	25	311	44
West End	163	144	101	43	816	47

¹Clinic opened September 20, 1938.

Table No. 1 shows that the case load for the year was 1,150 cases in the 10 Habit Clinics. One thousand thirty-two of the cases attended clinic. Of this number, 760 were new, and 272 old cases. Four thousand six hundred fifty-two visits were made by children to the clinics, and 435 clinic sessions were held. In considering these totals for the year, it should be noted that the Brockton Clinic had only been functioning for a little over two months.

It is evident from this table that the case load is larger than the number of children attending clinic during the year. The reason for this is that 118 children whose cases were carried over from the previous year did not attend clinic again for various reasons before their cases were closed.

The size of the case load depends chiefly on the number of new cases received during the year. This relationship is consistently evident in all centers except at Boston Dispensary and Quincy. Boston Dispensary had the greatest number of new cases, 145, while Quincy ranked second with 128 new cases. Quincy, however, has the largest case load with 205 cases, while Boston Dispensary comes second with 181 cases. In these two clinics, the number of old cases has altered the balance: Boston Dispensary had only 11 old cases continued from the previous year which did not attend clinic, and 25 old cases which came to clinic within the year, making a total of 36 old cases. Quincy had 21 old cases not attending and 56 attending, totaling 77 old cases. West End and New England Hospital had a case load of 163 and 153 respectively, but both had 101 new cases.

Over a thousand children attended clinic, and of that number 74% were new cases which were not previously known to any of the State Habit Clinics. The largest number of new cases (145) was at Boston Dispensary where the clinic is held two days a week. The second largest number of new cases (128) was in Quincy where it was necessary to have two psychiatrists. New England Hospital and the West End Habit Clinic, each with 101 new patients, rank third.

Two hundred seventy-two old cases, or 26%, of the total children attending, were cases carried over from last year or were reopened from previous years.

The 1,032 children attending clinic made 4,652 visits to clinic. While this would average four to five visits per child, there is really a great variation in the number of times that each child attends clinic. It varies all the way from one visit for diagnosis only, to twenty-five visits for treatment. The number of visits by children is especially high in those clinics where more types of service are given.

In every center, the clinic offers the services of a psychiatrist, psychologist and psychiatric social worker. In addition to the above, other services are given in some centers. A speech pathologist treats children in the Lawrence and West End Habit Clinics. Children in other centers are often transferred to the West End Clinic in Boston for this additional service.

Volunteers and students receive training and make their contributions to the clinic program. Speech therapy is given in Norwood and Quincy through the service of a voluntary worker. Occupational therapy is part of the clinic program in Quincy and Brockton and is carried on by students from the Boston School of Occupational Therapy. Remedial tutoring was provided in the Quincy Habit Clinic over a period of seven months, and during the latter part of the year at the West End Clinic, by students from Boston University School of Education. Volunteer psychological service has been contributed in Norwood and Quincy.

The highest number of visits by children (1,035) were made in Quincy. In that center there were six types of service offered — psychiatric, psychological, social, remedial tutoring, speech instruction and occupational therapy. The second greatest number of visits by children (816) was in the West End Clinic where five types of service were given. The Norwood and Lawrence Clinics stand third and fourth in the number of visits by children, having 700 and 511 visits respectively. In each of these clinics four types of service are rendered.

The total number of clinic sessions (435) needs little explanation. It represents an eleven month period of weekly sessions in 7 clinics, bi-weekly in Boston Dispensary and monthly in North Reading. Brockton clinic opened eleven weeks before the end of the clinic year and functioned weekly.

The social worker's special contribution to clinic service is in her knowledge and understanding of the community, home, and school from which the patients come. In her capacity as a trained psychiatric social worker she contributes an ability to recognize and weigh the psychiatric implications in those situations which might be either crippling to personality, or which might be used for its development. She is in touch with health, educational, recreational, religious and social resources that may be called on to aid in the adjustment of problems.

Every case coming to the clinic becomes a social service case, but there are two classes of service: namely, Full-Service and Special-Service.

Full-Service signifies that a social worker makes a study of the child in his home and school. On the basis of the information obtained she proceeds to interpret the social and psychiatric aspects of the situation. A plan is evolved with the family and clinic staff. The social worker's part in treatment may be in giving information regarding resources to the staff or client, or directly obtaining outside help from suitable agencies. In some cases, her function in treatment has been chiefly in interpreting the child's needs to parents, teachers, club leaders and others.

The term Special-Service is used to cover all cases where a complete social history is not obtained. The reasons for cases falling in this category are many. Examination of the child at clinic may reveal that his needs do not come within the function of the clinic. Notable in this group are those with retarded mental development, or those whose problems are caused by physical or neurological diseases. Other children have been referred for diagnosis only to complete a hospital study to determine their eligibility for admission to nursery school, or to aid in placement in grammar school. Many other reasons arise; such as, illness in the child or family, change of residence, inaccessibility of the family to one of the clinics or inability to understand the service offered. Occasionally the problem for which a child is referred clears up after one clinic visit and the family is not interested in determining the underlying cause.

Both in Full-Service and Special-Service cases the social work is usually done by a member of the clinic staff. In a small proportion, the major responsibility is taken by a social worker in another agency, usually one who has referred the case and already knows the social situation, and is active in treating it. This is termed Cooperative-Service.

TABLE NO. 2. *Habit Clinics — Service Classification December 1, 1937 to November 30, 1938*

	Total Case Load	FULL SERVICE			SPECIAL SERVICE			Unassigned
		Total	Clinic	Cooperative	Total	Clinic	Cooperative	
Boston Dispensary	181	101	95	6	80	77	3	—
Brockton	32	23	23	—	9	9	—	—
Lawrence	123	93	88	5	26	25	1	4
Lowell	71	42	41	1	28	20	8	1
New England Hospital	153	133	133	—	20	20	—	—
North Reading	29	6	4	2	23	19	4	—
Norwood	116	89	89	—	27	27	—	—
Quincy	205	146	146	—	59	59	—	—
Reading	77	52	52	—	25	25	—	—
West End	163	136	136	—	27	23	4	—
Total	1,150	821	807	14	324	304	20	5
Percentage of Totals	100%	71%	—	—	28%	—	—	1%

Table No. 2 shows the total case load was, 1150. Of this number 821 cases, or 71%, received full service. The clinic staff served 807 of these, or 98%, while a cooperative agency was responsible in 14, or 2%. Special service was given in 324 cases, or 28%. Of these cases, clinic social service assumed responsibility in 304 cases, or 94%, while cooperative service was given in 20 cases, or 6%. In 5 cases, or less than 1%, a decision had not been reached as to which class of service they should receive, so they were designated as unassigned.

TABLE NO. 3. *Habit Clinics — Service Classification by Percentage*

CLINIC	Total Per Cent	Percentage of Full Service Cases	Percentage of Special Service Cases	Percentage of Unassigned Cases
Combined Clinics	100	71	28	1
Boston Dispensary	100	60	40	—
Brockton	100	72	28	—
Lawrence	100	76	21	3
Lowell	100	59	40	1
New England Hospital	100	87	13	—
North Reading	100	21	79	—
Norwood	100	77	23	—
Quincy	100	71	29	—
Reading	100	68	32	—
West End	100	84	16	—

Table No. 3 shows the service classification by percentage. It not only gives the total percentage of cases receiving each class of service in the combined clinics, but also for each individual clinic.

The extent to which the clinic and its function become known in the community largely determines its scope and usefulness.

TABLE NO. 4. *Habit Clinics — Sources of New Cases December 1, 1937 to November 30, 1938*

	Number	Per Cent
Health Agencies	295	38.81
Schools	237	31.19
Friends and Relatives	115	15.13
Physicians	30	3.94
Family Agencies	21	2.77
Nursery Schools	20	2.63
Children's Agencies	17	2.23
Clinic Staff	15	1.98
Community Education	9	1.19
Settlements and Churches	1	.13
Totals	760	100.00

Table No. 4 shows the sources of new cases. It indicates that the greatest number was referred by Health Agencies; that is doctors and social workers in hospitals, and nurses in the community. Second as a source are schools, and third, friends and relatives. Next in numbers are cases sent by family physicians, family agencies, nursery schools, and Children's Agencies. Nine cases were chosen by clinic staff. This means that a brother or sister of a clinic patient was found to need treatment. Community Education refers to cases which applied as a result of hearing a talk, or reading articles in newspapers. The fact that only one case was referred directly by a settlement or a church is not as significant as it may appear. Both institutions give opportunities from time to time for a member of the staff to talk to a group. Cases coming as a result of this are listed under Community Education.

TABLE NO. 5. *Habit Clinics — Sources of New Cases*
December 1, 1937 to November 30, 1938

	Boston Dispensary	Brockton	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End	Totals
Health Agencies											
Preschool	42	—	1	7	29	1	2	13	2	26	123
School	86	2	6	7	30	17	2	3	1	18	172
Schools											
Preschool	1	1	—	—	—	—	1	2	3	—	8
School	3	28	32	6	5	—	45	62	32	16	229
Friends and Relatives											
Preschool	3	—	5	6	8	—	6	21	1	9	59
School	—	—	10	12	7	—	8	7	3	9	56
Physicians											
Preschool	1	—	2	1	4	—	—	5	—	—	13
School	2	—	4	4	2	—	2	3	—	—	17
Nursery Schools											
Preschool	—	—	—	1	3	—	1	3	—	11	19
School	—	—	—	—	1	—	—	—	—	—	1
Children's Agencies											
Preschool	—	—	1	—	1	—	—	—	—	1	3
School	4	—	—	4	2	—	—	1	—	3	14
Family Agencies											
Preschool	1	—	—	—	3	—	2	1	—	1	8
School	—	—	1	4	3	—	—	2	—	3	13
Community Education											
Preschool	—	—	1	2	1	—	—	—	—	1	5
School	1	—	1	1	—	—	—	—	1	—	4
Clinic Staff											
Preschool	—	—	—	—	—	—	1	1	—	—	2
School	1	—	—	—	1	—	4	4	—	3	13
Settlements and Churches											
Preschool	—	—	—	—	1	—	—	—	—	—	1
School	—	—	—	—	—	—	—	—	—	—	—
Totals	145	31	64	55	101	18	74	128	43	101	760

Table No. 5 shows the sources of New Cases according to clinic centres. Of the total of 145 new cases at Boston Dispensary, 128 cases, or 88%, were referred by the Dispensary. In New England Hospital, 59 cases, or 58% of the cases in that center were referred by the hospital staff. In both of these instances, the Habit Clinic functions in the Children's Medical Clinic and has become part of the program. At the North Reading Sanatorium all the cases are referred by the institution. The fourth clinic where the largest number of referrals was from health agencies was the West End Clinic which is held in a Boston Health Unit. In the last named clinic, many cases are referred by community nursing agencies, the Boston Health Department nurses, and the physicians of the Well Baby Clinics. Many also are sent by hospital social workers.

The clinics where schools send more cases than any other source are Brockton, Lawrence, Norwood, Quincy and Reading. The clinics in two of these centers are held in

hospitals, but do not function at the same time as the medical clinics. In these five centers, the school systems recognize a need for expert help with personality and behavior, and educational problems. Friends and Relatives are the chief source in the Lowell Habit Clinic, with Health Agencies second.

Table No. 5 also shows the number of children of preschool and school age referred by various sources. The largest number of preschool children were referred by Health Agencies, Friends and Relatives, and Nursery Schools. The referrals of preschool children are greatest at Boston Dispensary, New England Hospital, West End Health Unit and Quincy. In these four centers there are medical clinics or Well Baby Clinics where the younger children are seen. The greatest number of children of school age were referred by Schools, Health Agencies, Friends and Relatives.

Health Agencies head the list as a source for cases of children of preschool age, but it can be seen in Table No. 6 that they formed only 42% of the cases from that source, while 58% were of school age. Friends and Relatives referred almost an equal number of each. The greatest contrast occurs in Nursery Schools, where 95% were of preschool age, and Schools, where 97% were of school age.

TABLE NO. 6. *Habit Clinics — Number and Percentage of New Cases of Preschool and School Age and Sources Referring Them*
December 1, 1937 to November 30, 1938

	PRESCHOOL AGE		SCHOOL AGE		TOTALS	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Health Agencies	123	42	172	58	295	100
Schools	8	3	229	97	237	100
Friends and Relatives	59	51	56	49	115	100
Physicians	13	43	17	57	30	100
Nursery Schools	19	95	1	5	20	100
Children's Agencies	3	18	14	82	17	100
Family Agencies	8	38	13	62	21	100
Community Education	5	56	4	44	9	100
Clinic Staff	2	13	13	87	15	100
Settlements and Churches	1	100	0	0	1	100

Table No. 6 indicates both the number and percentage of Preschool and School Age children referred by various sources.

TABLE NO. 7. *Habit Clinics — Number of Children Served During the Year Classified as Preschool and School*
December 1, 1937 to November 30, 1938

	Preschool Age	School Age	Total
Boston Dispensary	57	124	181
Brockton	1	31	32
Lawrence	24	99	123
Lowell	20	51	71
New England Hospital	66	87	153
North Reading	5	24	29
Norwood	15	101	116
Quincy	60	145	205
Reading	10	67	77
West End	70	93	163
Totals	328	822	1,150
Per Cent	29%	71%	100%

Table No. 7 shows the number of children served during the year classified as Preschool and School Age by Clinics. The total number of children was 1150. Of these, 328, or 29%, were of preschool age, and 822, or 71%, of school age. The predominance of children of school age is doubtless due to the fact that parents do not take the difficulties of the younger children seriously, or expect them to outgrow their problems. Also, some children show few problems until they branch out from the protected family life into the larger field of school life. They also come in contact with more people who might know of services offered by child guidance clinics.

TABLE NO. 8. *Habit Clinics — Number of Children Served During the Year
Classified as Male and Female
December 1, 1937 to November 30, 1938*

	Male	Female	Total
Boston Dispensary	100	81	181
Brockton	24	8	32
Lawrence	92	31	123
Lowell	43	28	71
New England Hospital	84	69	153
North Reading	19	10	29
Norwood	71	45	116
Quincy	129	76	205
Reading	48	29	77
West End	112	51	163
Total	722	428	1,150
Per Cent	63%	37%	100%

Table No. 8 shows the number of children served during the year classified as Male and Female. Sixty-three per cent, or 722 children, were boys and 37%, or 428 children, were girls. Boys seem to be universally considered more difficult to train than girls.

TABLE NO. 9. *Habit Clinics — Cases Contacted During the Year
December 1, 1937 to November 30, 1938*

	Totals	Boston Dispensary	Brockton	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End
Total Number of Cases Continued from Previous Years	341	32	—	50	15	47	9	38	69	29	52
Total Number of New Cases	760	145	31	64	55	101	18	74	128	43	101
Total Number of Old Cases Reopened from Previous Years	49	5	2	8	1	5	2	4	8	6	8
Total Number of Cases Served During the Year	1150	182	33	122	71	153	29	116	205	78	161
Total Number of Cases Closed During the Year*	841	157	7	77	57	120	17	84	157	57	108
Total Number of Cases Continued to Next Year	309	25	26	45	14	33	12	32	48	21	53

*Excluding those cases that were reopened and closed within the year.

Table No. 9 shows the cases contacted during the year. It indicates that 341 cases were carried forward from the previous year and that these with 760 new cases and 49 old cases made up the total case load of 1150. Of this number, 841 cases have been closed, leaving 309 cases continued to next year.

TABLE NO. 10. *Habit Clinics — Monthly Statistics
December 1, 1937 to November 30, 1938*

	Total Case Load	Total Number of Children Attending Clinic	Total Number of New Cases	Total Number of Visits to Clinic by Children	Total Number of Clinic Sessions
Totals	*	*	760	4,652	435
December	427	249	81	409	42
January	405	225	43	354	36
February	416	260	72	403	35
March	446	296	85	540	45
April	447	284	67	477	36
May	458	298	69	474	39
June	477	287	75	475	42
July	445	200	37	326	37
September	440	244	58	381	43
October	405	248	82	290	37
November	418	263	91	423	43

*These columns are not added because of duplication.

Table No. 10 shows the statistics by months. The total case load for the year as seen in Table No. 9 was 1150. For each month, however, the case load varied from 405 in January and October to 477 in June. The number of children attending clinic each month ranged from 200 in July to 298 in May. Of the total of 760 new cases, the lowest number referred was 37 in July, and the highest number, 91 in the month of November. The total number of visits to clinic by children was 4652 — the smallest number, 326 in July, and the largest, 540 in March. The total number of clinic sessions was 435. In the short month of February, there were only 35 sessions, while in the following month of March, the high mark of 45 was reached.

TABLE No. 11. *Habit Clinics — New Cases over a Period of Five Years by Months*

	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Sept.	Oct.	Nov.	Total
1934	46	70	39	87	65	58	63	36	61	91	65	681
1935	56	44	55	78	48	66	49	42	53	83	69	643
1936	45	57	44	59	66	73	66	53	65	83	55	666
1937	68	78	67	75	63	60	58	42	79	62	72	724
1938	81	43	72	85	67	69	75	37	58	82	91	760
Total	296	292	277	384	309	326	311	210	316	401	352	3474

Table No. 11 shows the number of new cases referred over a period of five years and the months in which they were referred. When totals are considered, we find that the greatest number, 401, were referred in October; the next highest, 384, in March; third, 352, in November, and the lowest, 210, in July. Although in each particular year, the sequence would not be in this order, it is a fairly good index to the fact that Fall and Spring are the busiest seasons and that the low ebb is reached in midsummer.

TABLE No. 12. *Habit Clinics — Statistic Totals for a Five-Year Period*

	Total Case Load	New Cases	Visits to Clinic by Children	Clinic Sessions
1934	1,053	681	3,492	414
1935	1,035	643	3,317	418
1936	1,042	666	3,759	421
1937	1,136	724	4,185	424
1938	1,150	760	4,652	435
Totals		3,474	19,405	2,112

Table No. 12 shows the case load, number of new cases (3,474), number of visits to clinic by children (19,405) and number of clinic sessions (2,112) in a five year period. Except for a slight drop in numbers in 1935, there has been a steady increase.

TABLE No. 13. *Habit Clinics — Case Load over a Five-Year Period, Listed by Clinics*

	Total	Boston Dispensary	Brockton	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End
1934	1,053	187	—	129	113	128	31	67	163	102	133
1935	1,035	164	—	126	98	109	37	59	207	94	141
1936	1,042	167	—	148	94	119	32	74	214	57	137
1937	1,136	187	—	153	80	154	29	107	234	50	142
1938	1,150	181	32	123	71	153	29	116	205	77	163

Table No. 13 shows the case load over a five-year period according to clinics. The numbers remain about the same from year to year with slight increases or decreases in Boston Dispensary, Lawrence, New England Hospital, North Reading, Quincy, and West End. There is a distinct downward trend in Lowell from 113 to 71, and in Reading from 102 to 77. Norwood shows the most outstanding upward trend, going from 67 to 116.

TABLE NO. 14. *Habit Clinics — Number of New Cases over a Five-Year Period, Listed by Clinic*

	Total	Boston Dispensary	Brockton	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End
1934	681	127	—	83	78	81	18	41	109	66	78
1935	643	121	—	77	60	64	22	32	129	46	92
1936	666	124	—	96	58	79	19	54	129	29	78
1937	724	131	—	90	49	96	23	70	145	34	86
1938	760	145	31	64	55	101	18	74	128	43	101
Total	3,474	648	31	410	300	421	100	271	640	218	435

Table No. 14 shows the number of new cases accepted over a five-year period from 1934 to 1938 inclusive. The grand total is 3,474, with the largest intake at Boston Dispensary, Quincy, West End, New England Hospital, and Lawrence respectively.

At Boston Dispensary, New England Hospital, Norwood, and West End, the number of new cases was larger in 1938 than it had been in any other year in the period covered.

Lowell and Reading both show a slight increase over the previous year, while Lawrence and North Reading indicate a decrease.

TABLE NO. 15. *Habit Clinics — Number of Visits to Clinic by Children over a Five-Year Period from 1934 to 1938*

	Total	Boston Dispensary	Brockton	Lawrence	Lowell	New England Hospital	North Reading	Norwood	Quincy	Reading	West End
1934	3,492	514	—	533	359	384	28	245	519	331	579
1935	3,317	371	—	550	348	373	27	200	580	259	609
1936	3,759	457	—	724	271	375	30	274	763	213	652
1937	4,185	458	—	719	262	385	29	438	888	191	815
1938	4,652	451	105	511	253	448	22	700	1,035	311	816
Total	19,405	2,251	105	3,037	1,493	1,965	136	1,857	3,785	1,305	3,471

Table No. 15 also covers a five-year period and shows the number of visits made by children to clinic. The increase has been almost continuous. The reasons for the large numbers in certain clinic centers have already been commented on. The grand total of visits was 19,405.

The work of the Social Service Department has been greatly aided by volunteer service in transporting mothers and children to clinics. The American Red Cross has organized this service in some cities. In other places the clinics have been indebted to school nurses or a group of interested women in the community.

The contribution of students in various fields has already been commented on under Table No. 1 in connection with the number of visits to clinic in various centers. Students in social service were not included as they had no bearing on the question of attendance.

Educational work is one of the functions of the social service department. The clinics have been used for a training center for two students from the Boston University School of Religious and Social Work, and two students from the Simmons College School of Social Work. A graduate of the latter school volunteered her services for a short period in order to learn something of the work in this specialized field.

Further educational work by the social workers has been in the form of talks given to groups of people and individual interviews with interested individuals.

It has been a stimulating year and the work has been steadily carried forward.

REPORT OF PSYCHOLOGICAL SERVICE

The psychological service for the fiscal year ending November 30, 1938 has maintained the same general program as in previous years. Seven hundred thirty-five psychological studies have been made during the year. In many of these studies, the child was seen on more than one clinic visit, but it was not considered a separate study as long as

the interview was part of one psychological appraisal. To meet the demands for psychological service in clinics where the pressure has been heaviest, the psychologists have averaged over two studies per clinic session. The clinics in which this has been necessary are New England Hospital, Norwood, Quincy, West End and Brockton (organized in September, 1938). It is becoming an increasingly difficult problem to meet this pressure and maintain high standards of psychological service.

The appointment in September, 1938 of an additional psychologist has enabled the Division to provide full-time psychological service in the Norwood and Reading Habit Clinics which had been on a half-time basis. However, the opening of the Brockton Habit Clinic has increased the demands for psychological study. Since September, 1938, all clinics have received full-time psychological service.

The psychological staff now comprises five psychologists, working on a part-time basis. Mrs. Ada Allport was appointed as psychologist in December, 1937 to fill a vacancy in the psychological staff. Mrs. Edith E. Carlson was appointed as the fifth psychologist in September, 1938. Previous to her appointment, Mrs. Carlson had served the Division of Mental Hygiene and also the Massachusetts General Hospital as a volunteer in order to gain the training and experience necessary for independent psychological work. The Quincy Clinic has also had the benefits of another psychologist on a volunteer basis.

The clinics have continued to have their characteristic problems, but the aim of the psychological service has remained the same in each clinic. This aim was briefly stated by Doctor Douglas A. Thom at a recent conference to be "the responsibility not only of determining the intelligence level but of helping the given intelligence to function efficiently in relation to the given personality." A routine psychological examination for the purpose of determining the child's intellectual capacity, special abilities and disabilities is, therefore, the initial step in the psychological examination. The length of time for such an examination varies from child to child, but the psychologist is hard pressed to gather sufficient objective material in the form of tests to average complete appraisals of two patients for each three hour clinic. This is particularly true when the children seen are above the age level for the primary grades. Little time remains for the second aspect of the work, that of helping the given intelligence to function efficiently in relation to the given personality. Opportunity for the psychologist to observe the child in activities less formal than the test situation, to consult with teachers and parents about special phases of the child's intelligence and thus be in a position to correlate the objective intelligence ratings with the manner in which the patient uses his ability in the community and school, is necessarily limited and raises the question of how the psychologist can most efficiently carry out this aspect of the service.

The psychologists during the year have held series of conferences to discuss this problem, and a summary of these meetings has been presented to the staff. It was felt that, with more regular conferences with other staff members of the clinic group, the psychological material could be more effectively correlated with the social and psychiatric findings. At these conferences, the total picture could be obtained and recommendations made to help the child function more efficiently. In this way, it would be possible, to a certain degree, to overcome the handicap of a limited time with each patient. Although it is often difficult to have regular conferences because of the part-time schedules of the psychiatrists and psychologists, definite progress toward this end is being made.

Besides the clinical work, the psychologists have taken part in the educational program of the Division. By demonstration and group discussion, the psychologist interprets her part of the service to students training and observing in the clinics, as well as to schools and other interested agencies.

The supervising and training of volunteer workers in psychology has been given some time. Up to the present, work with students has not been extensively carried on in the psychological field, but it presents a possibility for the extension of the educational program.

Participation in the weekly staff conferences, with the presentation at intervals throughout the year of research and psychological material of general interest, has continued to be a part of the psychological program.

There has been little change in the tests used in the clinics. The 1916 Revision of the Stanford-Binet Scale is still the most widely used test of general intelligence. The Habit Clinics, as many other clinic groups, have not changed entirely to the 1937 Revision, feeling that there is need for further studies before the differences in results of the two

revisions can be satisfactorily evaluated. With the wealth of material that is presented for study in the Habit Clinics, the psychologists regret that the pressure of work prevents experimentation with new tests and the development of new techniques in child study, which would contribute to the general fund of psychological knowledge. This presents another field into which the psychological service might expand in the future.

Although the psychologists are employed on a part-time basis by the Division of Mental Hygiene, they carry on many other psychological activities which broaden their usefulness to the clinics. These activities include clinical work in other organizations, with the opportunity such contacts give to interpret the functions of the Habit Clinics. During the year, these professional contacts have been with nine other organizations. A series of lectures on child guidance and on other related subjects, as well as the carrying on of research projects have also been included in these activities.

EDUCATIONAL PROGRAM

The regular weekly staff conferences have been held each Monday afternoon throughout the year. The established procedure of having the staff members present some interesting subject of their own choosing has been carried out. This has proved to be most stimulating as new phases of the work have been brought out in round table discussion following the speaker's formal talk. Once a month the meeting has been reserved for a speaker from outside the Division. This has given the staff the opportunity of gaining broader knowledge of the many problems which are not related to the Division but to the field of child guidance.

The educational program has continued to be a vital part in the activities of the Division of Mental Hygiene. Much of the work of this service has been confined to holding conferences with the educators in the schools in the communities where the clinics operate. At these conferences, individual problem cases have been discussed, as well as general consideration of the mental hygiene principles as they relate to the school.

The Division has always cooperated with various clubs and organizations in giving frequent talks and lectures on the principles of mental hygiene and their application to good health. Various members of the Division have unselfishly given of their time to this service.

We were fortunate in having the services of two remedial teachers during the greater part of the year at our West End Clinic. These two students were sent to us through the cooperation of the Boston University School of Education. In return for this important therapeutic service, the experience they gained was credited to them in their college training.

The fourth year medical students, assigned to the clinic at the Boston Dispensary for definite periods of time by Tufts College Medical School, have continued to receive instruction by the psychiatrist in charge. This program gives the young physician an opportunity to become oriented in the work of the Habit Clinic as a means of introduction into the field of child guidance.

The Simmons School of Social Work and the Boston University School of Religion and Social Work have each continued to send two students to the Division for their field training in social service work. The chief social worker devotes much of her time to the training, orienting, teaching and supervising the students assigned to the Division.

During the latter part of the year, arrangements were completed with the Boston School of Occupational Therapy to have two students assigned to our Norwood and Quincy Clinics as part of their practical training. It has been most interesting to watch the progress these students have made in organizing and conducting the classes so successfully. This program means promoting a more cooperative spirit between various age groups of children, and also instills more confidence and initiative in the students assigned to perform this highly specialized service. To date, this newly initiated service has proved very valuable and interesting, and it would seem that it might be well justified later as a standard therapeutic procedure.

Speech therapy has been continued at the Lawrence and West End Clinics. We have been fortunate in securing the service of a speech teacher who has voluntarily given of her time to both the Norwood and Quincy Clinics.

At the close of the year, the Director took over the responsibility of supervising the training of all students assigned to the various institutions under the Department of Mental Health. This includes the training of medical students, student nurses, attendant nurses, occupational therapists, psychiatric social workers, psychological students and theological students.

It is the aim of the Director to survey the training problems now being presented and to place all training on a standard scale, with minimum requirements.

It would seem from past experience that there is a great need for a teaching center where all persons who desire to enter the field of child guidance and mental hygiene could receive a carefully worked out curriculum of training in the various phases of the work. At the present time, no provision is made for the training of personnel to fill the vacancies which occur from time to time. This in itself greatly handicaps the progress of the work in our Habit and Child Guidance Clinics. I should like to recommend that a plan for a large training center in conjunction with one of our established clinics be considered for a future program. It is my belief that this center should be definitely affiliated with some medical unit where there is a children's clinic with adequate consultant service. The teaching clinic should have such subdivisions which would include not only the problems presented in our Habit Clinics but also those known as juvenile delinquency, feeble-mindedness and adult maladjustments. This set-up would give the various students sent to us for training an unusual opportunity of observing and studying the many phases of extramural psychiatry under the careful guidance of a trained director.

Another thought in reference to the future plans of the Division is to establish a well-organized unit, with a thoroughly trained personnel to go out to demonstrate to the various communities the great need for work in the field of mental hygiene. This unit would train and build up in a given community a hospital unit which would subsequently take over the clinic as part of its extramural work.

RESEARCH ACTIVITIES

Research activities, relating to the clinical work of the Division have been continued throughout the year. For the most part, these have been directed along similar avenues as in preceding years. One or two new projects have been started recently by the Division.

I. *A Study of a Group of Adopted Children in Relation to Their Adoptive Parents and the Various Problems Presented.*

The problem of adoptive parents and adopted children has become a more important one in relation to our clinic activities. For that reason we have selected a group of adopted children to study in relation to their adoptive parents and the varied problems which have been presented. This study will include the historical backgrounds of adoptions, the legal and social aspects, as well as our social and clinical studies of the adopted children and their homes.

II. *The Frequency of Convulsions in Children and the Effect of these Convulsions in Later Life.*

Research is being carried on in an effort to determine the frequency of convulsions in children and the effect which convulsions have in later life. It is a follow-up study of one previously made by Doctor Douglas A. Thom on "The Relation of Infantile Convulsions and Epilepsy in Later Life." An effort will be made to determine if there is any relation between the age of the child at the time of the first convulsion, the type of convulsions and cerebral damage, as well as social maladjustments later on. We recognize that the problem of the epileptic child is an important one, as oftentimes the resources of the family are directed to the handicapped child to the exclusion of the other children. There are also reasons to believe that the handicapped child not infrequently causes minor marital difficulties because of the attempt which the individual parent makes to absolve himself from blame. The handicapped child is not infrequently rejected, and oftentimes parents, rejecting the child, attempt to compensate for a feeling of guilt by becoming oversolicitous. As a social problem, the clinic is frequently confronted with the responsibility of making important decisions in order to preserve the normal aspects of the home.

III. *A Follow-up Study of Two Groups of Cases, the Prepsychotic Child and the Predelinquent Child.*

A follow-up study is being made of two groups of cases, one termed the prepsychotic child, and the other, the predelinquent child. There is reason to believe that, as a subject for further research, the clinic should in time present a contribution to this field of inquiry. In the light of our past experience, we have not been successful in making prognoses that were justified by the subsequent histories of these children. Such investigations so far have raised the questions: 1. Have these children been sufficiently studied clinically and socially before a diagnosis and prognosis were made? 2. Have

they been followed with sufficient care and over a long enough period of time to be sure that recommendations have been carried out? 3. Has lack of interest, or intelligence, or cooperation on the part of parents interfered with clinic recommendations? 4. Was the economic situation of the parents the stumbling block? 5. Were we confronted with a lack of facilities to carry out recommendations? 6. Is the prevailing psychiatric knowledge lacking, or has the clinic failed to utilize knowledge available in the psychiatric treatment and provide the necessary social adjustments that were essential to success?

IV. *A Study of the Relationship Between Conduct Disorders and the Physical Condition of the Child.*

A study is being undertaken through our clinical material to determine the relationship between conduct disorders and the physical condition of the child. It is recognized that illnesses, accidents and injuries may in themselves produce personality disorders due to organic damage. On the other hand, there are undoubtedly many personality disorders in children as the result of illness or accident, which are not due to organic defects, but to the attitudes which parents and physicians have taken toward the sick child. It has been suggested that there may be personality disorders which are peculiar to specific illnesses; such as, diabetes, asthma, cardiac disorders, infantile paralysis. Such an investigation would necessitate cooperation with physicians and institutions who are working with these particular problems.

The following report of the research activities conducted at the Monson State Hospital is submitted by Doctor Morgan B. Hoskins, Superintendent of the Monson State Hospital:

The research project of the Anti-convulsant Effects of Brilliant Vital Red started last year was concluded by Doctor Rudolph Osgood and Doctor Leon J. Robinson during the past year. A summary of the results of this study, which will be published later, is as follows:

1. Brilliant vital red diminished the number and severity of epileptic seizures in a little over one half of the cases.
2. Brilliant vital red was of no benefit in a little less than one half of the cases; in fact, in several cases, its use was associated with an increased number of seizures; in the majority of these cases, however, the severity of the seizures was diminished.
3. Brilliant vital red tended to have a greater anti-convulsant effect on petit mal than on grand mal seizures.
4. Brilliant vital red in large amounts caused temporary renal "irritation," but no signs nor symptoms of permanent renal damage.

Another research study has been started at the Monson State Hospital on "The Evaluation of Phenobarbital and Dilantin." This has not progressed far enough to report any results.

The following papers have been prepared by Doctor Robinson and Doctor Stein and published during the year:

1. Notes on the Observed Effects of Prostigmin in Man: Patients with Epilepsy. *Journal of Pharmacology and Exper. Therapy.* 61: 393-396, Dec., 1937. (Leon J. Robinson)
2. Benzedrine Sulfate in the Treatment of Syncope Due to a Hyperactive Carotid Sinus Reflex. *New England Journal of Medicine.* 217: 952-953, Dec., 1937. (Leon J. Robinson)
3. Simple Solitary Renal Cyst. *The Journal of Urology.* 41, No. 1, July, 1938. (Leon J. Robinson)
4. Intravenous Paraldehyde Narcosis for Pneumoencephalography. *The New England Journal of Medicine.* 219, No. 4, 114-117, July 23, 1939. (Leon J. Robinson)
5. Practical Aspects of Child Guidance: A Critical Analysis of 500 Cases. *The New England Journal of Medicine,* 219, 844-847, Nov. 24, 1938. (Calvert Stein)

The following report is submitted by Doctor Abraham Myerson, Director of the Research Division of the Boston State Hospital. The main fields of research during the year December 1, 1937 to November 30, 1938 can be arranged under six headings:

I. HUMAN AUTONOMIC AND ALLIED PHARMACOLOGY.

The work of autonomic pharmacology has amplified and made more specific certain aspects of the work reported in a preliminary way in the last report. The general working hypothesis has been that the nervous system manufactures chemical substances which operate on the viscera in a way resembling the effects of mental and emotional

states. Drugs have been utilized to imitate, insofar as possible, the activity of the chemical substances manufactured by the nervous system upon viscera, thus the term "human autonomic pharmacology."

A. *Working Hypothesis* (see last year's report).

B. *We have finished a very interesting study of the effects of the four drugs used:* mecholyl (acetyl-beta-methylcholine chloride), the parasympathetic drug; benzedrine sulfate (benzyl-methyl carbamine or beta-phenylisopropylamine), the adrenergic substance; atropine sulfate (sulfate of tropeic ester of tropine), paralyzer of parasympathetic activity and synergist of benzedrine sulfate; and prostigmin (dimethylcarbamic ester of m-oxyphenyltrimethylammonium methylsulfate), which inhibits the esterases and thus enhances the effects of mecholyl and the parasympathetic nervous system.

C. *Genitourinary Tract.*

1. General effects: (a) The genitourinary tract from the kidney to the bladder is constricted by the use of mecholyl, prostigmin, and by their combined use. (b) Benzedrine sulfate dilates the entire genitourinary tract from kidney to bladder in a remarkable manner, having thus the same general effects upon this set of structures that it has upon the gastrointestinal tract. (c) Atropine has similar effects to that of benzedrine sulfate but in much less marked degree, while (d) the use of the combined drugs brings about marked dilatation of the genitourinary tract.

2. From the clinical angle, this has been useful in several varieties of patients, especially in respect to the contracted bladder following nervous diseases and local infection. In these conditions, benzedrine sulfate dilates the bladder relieving the symptoms quite considerably.

3. We believe that an important contribution has been made to the physiology of the genitourinary tract and one which is already having clinical value.

D. *Sleep:* The relationship of the sleeping and waking process to mental disease and especially to the neuroses and depressions is one of fundamental importance. In the neuroses especially, the power to rest and recuperate and the power to get started in activity are fundamentally impaired. This, in the Director's belief, is an essential defect of most of the neuroses, no matter how produced.

1. The remarkable effects of benzedrine sulfate in increasing energy or the sense of energy and, at the same time, destroying sleep led to a series of experiments on sleep induced by sodium amytal. It was then discovered that benzedrine sulfate (a) given at the height of sodium amytal narcosis wakes the patient up almost immediately; (b) given prior to sodium amytal administration prevents sodium amytal narcosis from coming into effect; and (c) given simultaneously with sodium amytal also prevents sleep and keeps the patient in a lively wakeful condition.

2. In fact, the combined use of the two drugs in a case of dementia praecox will, for a short time, bring about a marked improvement in the patient's general mood; he will become accessible, talkative, approachable, and often will disclose delusions which otherwise he hides. This, we believe, is a hint towards therapeutics as well as a diagnostic aid.

3. That this effect of benzedrine sulfate is not associated with its effect in raising blood pressure is shown by the fact that other drugs which raise blood pressure and which are similar in constitution to benzedrine sulfate, such as propadrine and paredrine, have no effect upon the sleep of sodium amytal narcosis.

E. *Epilepsy:* Furthermore, we have carried out and published an interesting series of experiments on epilepsy which relate to this counteracting effect of benzedrine sulfate upon the barbiturates. A considerable number of patients were treated with large doses of sodium phenobarbital. The result was a definite amelioration of the epileptic attacks, but this was attended in many patients by sleepiness and ataxia. When these patients were given benzedrine sulfate in small doses, the effect of the barbiturate on epilepsy was still maintained, but the disagreeable side effects disappeared. We believe it can be definitely stated that benzedrine sulfate is of great value in counteracting the depressing effects of the barbiturates.

F. *Argyll-Robertson Pupil:* Interesting work was published from this laboratory on the Argyll-Robertson pupil, by which it is shown that the Argyll-Robertson pupil is fundamentally an imbalance between parasympathetic and sympathetic activities of the nervous system, so that parasympathetic predominates, apparently due to weakness or destruction of the sympathetic fibers. By the use of benzedrine sulfate, it is possible to restore for the time being the balance between sympathetic and parasympathetic stimulation and to reproduce normal or nearly normal reactions of the pupil. The importance

of this work lies in its implications; namely, that even where organic disease exists and lesions presumably destroy function, they do so largely by creating imbalance between opposing or parallel mechanisms, and that pharmacologically the balance may be restored even though there is actual organic destruction.

It was discovered in this laboratory and published last year that mecholyl and prostigmin had a marked effect in lowering intraocular tension. At the present time, this physiologic fact has become of importance in treating glaucoma.

G. *Obesity*: A good deal of obesity is, we believe, due to, first, lack of activity which is associated with moderate depression or anhedonia, and second, a nibbling propensity which is largely psychological in its origin and which represents an effort to increase the satisfactions of life because of an underlying depression. Consequently, we introduced the benzedrine sulfate treatment of obesity, citing many cases in which marked improvement had taken place, and believe that this method is at present the best example of the value of drugs as an adjunct to changing the ways of life of people whose obesity is largely a result of their abnormal habits.

H. *A series of experiments were carried out on the intraarterial effects of the autonomic drugs*. It was shown that mecholyl injected into the brachial artery caused a vasodilatation and sweating of the member but produced no general effects, so that it was clearly demonstrated that mecholyl was destroyed in the first transit through the capillary bed. Adrenalin injected into the artery creates an artificial Raynaud's disease without general effect, showing that it too is destroyed in this first transit zone. On the other hand, prostigmin, atropine and benzedrine sulfate are not local in effect. They enter the general circulation and consequently their effects are of longer duration than those of the first two drugs mentioned. Important side-lights in the production of Raynaud's disease and the general reaction to the tissues were obtained in this series of studies.

I. METRAZOL

In connection with the treatment for schizophrenia by metrazol, the laboratory carried on pharmacological studies as to the essential effects of this drug.

A. Metrazol increases the sugar output probably by stimulation of the liver, possibly by a secondary production of adrenalin.

B. The CO_2 and oxygen content of the blood is markedly reduced following the convulsion, and with it is a definite shift of the pH to the acid side. Whether these effects are the result of convulsion or the direct effects of metrazol can only be inferred. It is likely that the sugar increase is largely the effect of the drug. On the other hand, if the CO_2 and oxygen reduction and shift towards acidosis is created by the convulsion, these effects are new in the history of convulsions and constitute an interesting contribution to the physiology of the convulsive state.

C. When metrazol is injected locally into an artery, it creates a vasodilatation and some hemorrhages in the later phases. It is, therefore, apparent that a great deal of the effect of metrazol is associated with capillary and brain injury. This is also true of insulin, although the effects of the two drugs are markedly different, insofar as sugar is concerned.

II. GENERAL NEUROPATHOLOGICAL STUDIES

There are four main directions in which research in neuropathology was carried on during this past year.

A. Microincineration and mineral studies generally: A paper is now in press which demonstrates certain striking facts concerning two types of feeble-mindedness — Tay Sachs' disease and tuberous sclerosis. In Tay Sachs' disease the minerals of the nerve cells are almost entirely absent. There is what we call demineralization. By spectroscopic study, there is shown to be a definite diminution of calcium in the brain of these patients. In tuberous sclerosis, there is a marked increase in minerals in the nerve cells, thus furnishing a contrasting picture of almost perfect type of Tay Sachs' disease.

These diseases are of opposite type. The first is a regression or degenerative disorder, the second is a form of neoplastic disease. Consequently, the general principles which underly the mineral content of cells is beautifully exemplified by the case of these two diseases; namely, that in regressive degenerative disorders and in old age, the minerals diminish. In rapidly growing tissues and in youth, in neoplasm and in inflammation, the minerals are increased in quantity. This, we believe, is the first time that these two diseases have been linked up with the quantity of minerals present.

B. Experimental production of Wernicke's disease in animals has been successfully brought about in this laboratory this year. By depriving pigeons of Vitamin B₁, beri-beri is produced, and we have studied this condition quite extensively. In addition, however, the deprivation of these animals of Vitamin B₂ produces hemorrhages in the brain, exactly corresponding in position and general symptomatology to the Wernicke's disease which is part of alcoholic avitaminosis. In other words, we have demonstrated that Wernicke's disease and alcoholism can be conceived of as entirely due to the avitaminosis which is part of the picture of alcoholism.

C. Considerable work on the vascular pattern of the brain and spinal cord has been done in this laboratory in conjunction with Harvard University and the Boston City Hospital. The vessels have been graded in various sizes. They have been brought into relationship with definite structures in a more precise way than has hitherto been possible, largely by the use of a new staining technique, the Lepehne-Pickworth method.

D. A new technique has appeared by which it is possible to demonstrate the urea crystals in bodily tissues and especially the brain. It has been shown that wherever there is kidney damage, more urea is discovered in the brain than normally. We are experimenting with this technique on animals to discover the effect of metrazol, insulin, and substances of similar type on the urea metabolism of the brain. The experiments have been in progress for too short a time for definite conclusions to be made.

III. VITAMIN DEFICIENCIES AND THE NERVOUS SYSTEM

A. A study was made on the Vitamin C content of blood and spinal fluid in chronic alcoholism. It is learned that Vitamin C is diminished in amount in the blood and spinal fluid in alcoholism. The chronic alcoholic, therefore, suffers from (1) Vitamin B₁ deficiency in which case he is prone to develop alcoholic neuritis and kindred diseases; (2) Vitamin B deficiency in which case his disturbance runs in the direction of pellagra and severe mental alterations; and (3) he may suffer from Vitamin C deficiency which seems on the whole to be an adjunct deficiency to the other more important vitamins.

B. We have continued to work on the production of experimental beri-beri and neuritis, have carried on a large number of experiments in which protection against the production of neuritis has been brought about by chemical substances. Thus far, these experiments have not been productive, except to re-establish the fact that Vitamin B₁ is the essential substance whose deficiency leads to neuritis and beri-beri.

C. The effect of Vitamin B₂ deficiency on the bone marrow and other hematogenous structures has been carried out by a long series of very conclusive experiments. These experiments have demonstrated that it is possible to produce a condition closely resembling pernicious anemia in pigeons; that by the use of dilute liver extract, it is possible to prevent this anemia from appearing in these birds and to cure the anemia once it is established. On the other hand, none of the Vitamin B₂ chemicals have thus far been successful in curing the anemia.

IV. SEX HORMONE STUDIES

A very important division of the laboratory activity relates to the quantitative study of the male and female hormones in the urine. This laboratory, through the efforts of Doctor R. Neustadt, has developed a special technique which is a modification of the Evelyn method and which has been checked up by spectroscopic work, measuring fairly exactly the amount of male and female hormone in the urine. The biological methods used are not directly quantitative and are very unsatisfactory in the amount of time and expense necessary for their utilization and, in general, not directly clinical. We can definitely state that this method is, on the whole, the most satisfactory in use, and the first paper on the subject is appearing in a number of *Endocrinology* in the near future.

What this has disclosed is the following: That individuals vary greatly in the amount of male and female hormone in the urine; that these hormones are present in both the urine of male and female individuals; that the ratio of male and female hormone has some relationship to the sexual constitution of the individual; that there are individuals with a very low amount of hormone; and that there are males who seem predominantly female so far as hormone excretion is concerned.

Certain substances increase the hormone content, notably the adrenal cortex and various pituitary and sex hormones themselves.

Most interesting, however, to us and one which seems to us to carry many possibilities of great importance is the fact that ultraviolet radiation has an extraordinary effect in raising the amount of male and female hormone. Thus far, our experiments have been

conducted only on males. The male hormone and also the female will rise steadily after the first day or two of irradiation and, to a certain extent, in a week reaches a level of two and three times the amount formerly excreted. When the irradiation is stopped, the hormones drop to normal and can be raised again by irradiation.

This brings up the important question of whether or not there is some relationship of Vitamin D or irradiated cholesterol to the production of the hormones. These substances are closely related in chemical structure, and it may very well be that there is a close relationship and biological inter-dependence. At any rate, this work is to be actively prosecuted within the next year in several directions.

V. THE "TOTAL PUSH" METHOD

Work has been started by the Director in cooperation with the McLean Hospital on a method of treating chronic schizophrenics called the "total push" method. (A paper on this subject was read before the Boston Society of Psychiatry and Neurology on December 15, 1939).

The work is based on the following observations: Schizophrenia does not seem to be as deeply seated a condition as we have on the whole assumed it to be. The proof for this statement lies in the following facts: First, that even patients who show marked deterioration and have been sick for a long time will suddenly show remarkable recovery and come back to a condition which is not far away from normal, shaking or throwing off what has seemed to be a hopeless deterioration. Second, under the influence of amyltal and especially under the influence of amyltal and benzedrine sulfate, a patient who is markedly retreated, completely out of touch with his environment, deeply under the influence of delusions and hallucinations, will make surprising improvement for an hour or two. He will talk freely; he will show normal affect; he will become socially agreeable, discuss the events which are taking place around him with apparent participation; and then unfortunately slip into his former retreated state.

This is not only true of sodium amyltal and benzedrine sulfate but, of course, is remarkably true of the insulin shock and metrazol therapy. The change that takes place for a time is quite striking, and whatever the explanation is, it is obvious that the physiological and psychological imbalance which we call schizophrenia is not irreversible.

In institutions where the patients are given exercise out-of-doors, entertainment, and generally "partial push," a very marked change appears in the general conduct of the institutions and especially of the schizophrenics. This has been carried on at the Boston State Hospital for the past two years. A very marked increase in the amount of hydrotherapy, of out-door exercise, of entertainment, and in the general approximation of more normal living has had distinct and demonstrably beneficial effects throughout the institution.

Furthermore, it has seemed to the Director for a considerable number of years that a large part of what we call deterioration in schizophrenia is "prison stupor," that is to say, it is a resultant of an original disease process, plus the circumstances usually attendant upon hospitalization or upon social neglect. The individual is removed from all motivation and those influences which operate with great vigor upon normal individuals; namely, praise, blame, reward and punishment are removed entirely from their position as conduct determinants. The individual lives in what is here called a motivation vacuum. Furthermore, and in harmony with this, all initiative is removed and because of the general retreat of the individual from social contact, he becomes more and more seclusive and consequently less and less is done for him. He has but little active exercise physically and none whatever mentally.

Taking all these facts together, the method of "total push" was introduced in a concerted and active way at the McLean Hospital with the cordial and enthusiastic cooperation of Doctor Kenneth Tiltson, the Medical Director. Patients were selected who had an average of eleven years' hospitalization and who during that time presented no remissions, who had grown definitely worse, and who were in a state of complete retreat and apparent personality dilapidation. The method of "total push" was employed embracing (1) physical exercise and out-of-doors rigorously carried out, at first against the will of the patient and later invariably with his cooperation; (2) physiotherapy, including ultraviolet radiation for the purpose of building up general vigor and for stimulation; (3) calories, vitamins and hormones were used as indicated by the general condition of the patient; (4) reward, punishment, praise and blame were vigorously introduced for motivating the patient.

The experiment has now been going on for about six weeks. Results in all instances have been good and in many instances quite remarkable. A detailed account of these results will appear during the next few months, but what has been so far accomplished has been striking enough to establish (1) that the dilapidation and deterioration in the schizophrenic is in part an artifact and that it is consequently rather readily ameliorated; (2) that there has been a distinct improvement in the morale and energy of the institution as a whole. It is probable that the method of "total push" has a very useful effect upon the physicians and attendants of the sick as well as upon the patients themselves.

VI. ORGANIZATION ACTIVITIES

The Director has been closely connected with two important groups actively engaged in presenting the results of the necessities of psychiatry to the outside world.

A. He has been chairman of a sub-committee of the American Association for the Advancement of Science to present at their annual meeting at the Symposium on Mental Health, the topic "Sources of Mental Disease: Their Amelioration and Prevention." This topic includes heredity, syphilis, alcohol, vitamin deficiency, birth control, fatigue, foster children, and immigration, and their general relationship to mental disease. Papers have been written by experts in these fields and a summary and running comment on the situation is to be presented at the December meeting of the Association by the Director. This paper is to be published.

B. The Director is a member of a research group presenting at the annual meeting of the Association for Research in Nervous and Mental Disease a paper on the Inter-Relationship of Mind and Body. His topic is "The Effects of Heredity on Mental and Emotional Processes," and contains some original concepts of this relationship. This will be published as part of the proceedings of the Association.

C. At the annual meeting of the American Psychopathological Association held in May, the Director was moderator at a round table discussion on the question: "Are Mental Diseases on the Increase?" The paper read by the moderator in summarizing the discussion will be published in the *Psychiatric Quarterly*. It appears that it can be definitely established that the psychoses due to alcohol are at about a level since the repeal of the Prohibition Enactment. The syphilitic diseases are on the decrease. The schizophrenic and cyclothymic psychoses, lumped together as the hereditary or constitutional mental diseases, are not increasing or decreasing during the past twenty years. The main increase in mental disease has come in the diseases of the senium when arteriosclerosis and senile dementia are lumped together, since the difficulties of separating them in life by differential diagnosis is not successfully accomplished.

The recommendation made at that time by the Director was to the effect that special institutional care should be brought about for the senile psychoses since the same kind of institution is not necessary for them as for the other mental diseases.

D. The Director has taken an active part in the researches carried out at the Grafton State Hospital. In this institution in collaboration with its physicians, a long time program has been carried out in respect to epilepsy and in relationship to the "total push" method.

The Director hopes and believes that the work here indicated has been very fruitful and that it has brought about leads of importance both to clinical medicine and more especially to psychiatry.

PAPERS PUBLISHED

1. Human Autonomic Pharmacology. VII. The effect on the normal cardiovascular system of acetyl-beta-methylcholine chloride, atropine, prostigmin, benzedrine, with especial reference to the electrocardiogram. *Am. J. Med. Sci.* 195: 88-103 (Jan.) 1938. (W. Dameshek, J. Loman, A. Myerson).

2. Human Autonomic Pharmacology. XI. Effect of benzedrine sulfate on the Argyll-Robertson pupil. *Arch. Neurol. & Psychiat.* 39: 780-788 (April) 1938. (A. Myerson, W. Thau).

3. Human Autonomic Pharmacology. XII. Theories and results of autonomic drug administration. *J.A.M.A.* 110: 101-103 (Jan. 8) 1938. (A. Myerson).

4. Human Autonomic Pharmacology. XIII. Effect of mecholyl and prostigmin on size and tonus of bladder. *J. Urol.* 40: 280-284 (August) 1938. (B. Greenberg, J. Loman, A. Myerson).

5. Human Autonomic Pharmacology. XVI. Benzedrine sulfate as an aid in the treatment of obesity. *New England J. Med.* 218: 119-124 (Jan. 20) 1938. (M. F. Lesses, A. Myerson).

6. Human Autonomic Pharmacology. XVIII. Effects of the intra-arterial injection of acetylcholine, acetyl-beta-methylcholine chloride, epinephrine, and benzedrine sulfate. *Am. Heart J.* 16: 329-335 (Sept.) 1938. (A. Myerson, J. Loman, M. Rinkel, M. F. Lesses).
7. Human Autonomic Pharmacology. XIX. The effect of mecholyl, prostigmin, bezedrine sulfate and atropine on the urinary tract: urographic studies. *New England J. Med.* 219: 655-660 (Oct. 27) 1938. (J. Loman, B. Greenberg, A. Myerson).
8. The effective use of phenobarbital and bezedrine sulphate (amphetamine sulfate) in the treatment of epilepsy. *Am. J. Psychiat.* 95: 371-393 (Sept.) 1938. (B. Cohen, A. Myerson).
9. Neuroses and neuropsychoses — illustrative case histories. *Am. J. Psychiat.* 94: 961-983 (Jan.) 1938. (A. Myerson).
10. Minerals in normal and pathologic brain tissue, studied by microincineration and spectroscopy. *Arch. Neurol. & Psychiat.* 39: 131-149 (Jan.) 1938. (L. Alexander, A. Myerson).
11. Human craniovertebral dynamics. *Am. J. Surg.* 39: 479-494 (Mar.) 1938. (J. Loman).
12. The neurone as studied by microincineration. *Brain* 61: 52-62 (Mar.) 1938. (L. Alexander).
13. Ascorbic acid in cerebrospinal fluid. *J. Clin. Investig.* 17: 159-172 (Mar.) 1938. (M. Pijoan, L. Alexander, A. Wilson).
14. Traumatic neuroses. *Medical Clinics of North America*, Boston number: 647-662 (May) 1938. (A. Myerson).
15. Vascular pattern in various lesions of the human central nervous system. Studies with the benzidine stain. *Arch. Neurol. & Psychiat.* 39: 1150-1202 (June) 1938. (A. C. P. Campbell, L. Alexander, T. J. Putman).
16. New modifications of the benzidine stain for study of the vascular pattern of the central nervous system. *Arch. Neurol. & Psychiat.* 40: 158-162 (July) 1938. (M. M. Doherty, T. H. Suh, L. Alexander).
17. Cevitamic acid content of blood plasma in alcoholic psychoses. *Arch. Neurol. & Psychiat.* 40: 58-65 (July) 1938. (L. Alexander, M. Pijoan, P. G. Schube, M. Moore).
18. The legal phases of psychiatry. *Am. J. Medical Jurisprudence* 1: 73-78 (Oct.) 1938. (A. Myerson).
19. Studies on cholinesterase activity. I. A manometric method of assaying cholinesterase action. *J. Pharmacol. & Exper. Therap.* 64: 228-235 (Oct.) 1938. (M. Rinkel, M. Pijoan).

PAPERS IN PRESS

1. The relation of the autonomic nervous system to pharmacology. (A. Myerson). *J. Conn. State Medical Society*.
2. Comparative effects of amphetamine sulfate (bezedrine sulfate), paredrine and propadrine on the blood pressure. (J. Loman, M. Rinkel, A. Myerson).
3. Human Autonomic Pharmacology. XVII. The effect of acetyl-beta-methylcholine chloride on the gallbladder. (P. G. Schube, A. Myerson, R. Lambert). *Am. J. Digest, Dis. & Nutr.*
4. Human Autonomic Pharmacology. XV. The effect of acetyl-beta-methylcholine chloride (mecholyl) by iontophoresis on arterial hypertension. (J. Loman, M. F. Lesses, A. Myerson). *Annals Int. Med.*
5. The effect of benzedrine, bezedrine and atropine, and atropine on the gallbladder. (P. G. Schube, A. Myerson, R. Lambert). *Am. J. Med. Sci.*
6. The effect of amphetamine sulfate (bezedrine sulfate) and paredrine hydrobromide upon sodium amytal narcosis. (A. Myerson, J. Loman, M. Rinkel, M. F. Lesses).
7. Photo-colorimetric method for the determination of androsterone in urine. (R. Neustadt). *Endocrinology*.
8. Cell minerals in amaurotic idiocy, tuberous sclerosis and related conditions, studied by microincineration and spectroscopy. Examples of denerative and of neoplastic cell disease. (L. Alexander, A. Myerson).

PAPERS READ

1. Clinical and neuropathological aspects of electrical injuries. (Read by L. Alexander before the Boston Society of Psychiatry and Neurology, Dec. 16, 1937, and before the Association for Research in Nervous and Mental Disease, Dec. 28, 1937).

2. Pathological alterations of cerebral vascular patterns. (Read by L. Alexander before the Association for Research in Nervous and Mental Disease, Dec. 27, 1937).
3. Human autonomic pharmacology. (Read by A. Myerson before the R.C.R.C. Club of Harvard, Jan. 11, 1938).
4. Heredity and eugenics. (Read by A. Myerson before the Jewish Academy of Arts and Sciences, New York City, Jan. 23, 1938).
5. Autonomic pharmacology. (Read by A. Myerson before the Boston University Medical School, Feb. 2, 1938).
6. The effect of benzedrine sulfate and adrenalin chloride on normal and drug-induced sleep. (Read by A. Myerson and associates before the Boston Society of Psychiatry and Neurology, Feb. 17, 1938).
7. The neuroses. (Read by A. Myerson before the Middlesex South Osteopathic Society, Mar. 3, 1938).
8. Human autonomic pharmacology. (Read by A. Myerson before the Worcester Tufts Medical Club, Mar. 16, 1938).
9. Sterilization in a democracy. (Read by A. Myerson before the Old South Forum, Mar. 20, 1938).
10. Energy, fatigue and rest. (Read by A. Myerson before the Jewish Anti-Tuberculosis Association, Mar. 23, 1938).
11. Problems of sterilization. (Read by A. Myerson, Peter Bent Brigham Hospital, Mar. 24, 1938).
12. Eugenics. (Read by A. Myerson before the Gamma Alpha Scientific Society, Harvard University, Mar. 30, 1938).
13. Human autonomic pharmacology. (Read by A. Myerson before the George Bates Society, Tufts Dental School, Apr. 22, 1938).
14. Human autonomic pharmacology. (Read by J. Loman before the Beth Israel Hospital Staff, Apr. 27, 1938).
15. Autonomic nervous system and the newer pharmacology. (Read by A. Myerson before the Litchfield County Medical Association, Torrington, Conn. Apr. 26, 1938).
16. Beri-beri and scurvy; an experimental study. (Read by L. Alexander, A. Myerson, and M. Pijoan before the American Neurological Association, Atlantic City, N. J., May 3, 1938).
17. Are mental diseases on the increase? (Read by A. Myerson, chairman before the American Psychopathological Association, Atlantic City, N. J., May 4, 1938).
18. Neurology. (Read by A. Myerson before the Medical Staff Conference, Beth Israel Hospital, May 18, 1938).
19. Human autonomic pharmacology. (Read by A. Myerson before the Greater Lawrence Medical Society, May 26, 1938).
20. Alcoholic avitaminosis — a practical plan for prevention. (Read by title by A. Myerson, L. Alexander and M. Moore before the American Psychiatric Association, San Francisco, Calif., June 9, 1938).
21. Energy and fatigue. (Read by A. Myerson before the Tufts Alumni, Tufts College, June 12, 1938).
22. Human autonomic pharmacology. (Read by A. Myerson before the Greater Boston Bickur Cholim Hospital Staff, Oct. 10, 1938).
23. Autonomic Pharmacology. (Read by A. Myerson before the Pentucket Association of Physicians, Haverhill, Mass., Oct. 13, 1938).
24. Relationship of the autonomic nervous system to pharmacology. (Read by A. Myerson before the Hartford County Medical Association, Bristol, Conn., Oct. 25, 1938).
25. Eastern equine encephalitis. (Read by L. Alexander before the New England Pathological Society, Nov. 17, 1938).
26. (Papers read before the Boston State Hospital Staff)
 Advances in genitourinary diseases — Mar. 17, 1938, B. Greenberg.
 Metabolic and psychological factors in the treatment of obesity — Apr. 7, 1938, M. F. Lesses.
 Legal phases of psychiatry — Apr. 14, 1938, A. Myerson.
 Changes of the central nervous system produced by poisoning — Apr. 21, 1938, L. Alexander.
 Psychiatry in Germany — June 2, 1938, R. Neustadt.
 The cholinesterase as a chemical regulator in the function of the autonomic nervous system — July 7, 1938, M. Rinkel.

Male hormone studies in relationship to the psychoneuroses — July 28, 1938, R. Neustadt.
Summary of the research activities of the Boston State Hospital — Sept. 22, 1938, A. Myerson.

Para-aminobenzene sulfanilamide and its use Oct. 27, 1938, M. Pijoan.

The following is the report submitted by Doctor Harry C. Solomon, who has charge of the research in relation to neurosyphilis being carried on at the Boston Psychopathic Hospital. It deals primarily with the recent modes of treatment and their effects on the various bodily functions.

For a number of years we have concentrated a great deal on the problem of treating neurosyphilis. In order to be able to carry on this type of work, it is, of course, essential that one have a large case material and, for this reason, we have developed a relatively large clinic for the diagnosis and treatment of neurosyphilis. During the past year, we dealt with 561 patients, part of whom were hospitalized, and part of whom were out-patients. During the year, 5,586 visits were made to the Neurosyphilis Out-Patient Clinic, and 4,998 treatments were given exclusive of fever therapy. We gave 562 fever treatments divided as follows: in 514 treatments, the fever was produced by physical means, and 19 instances typhoid vaccine was used, and 21 patients had malaria.

This gives possibly a summary of the treatment work during the past year, but I should like to add that as a result of a number of years of similar work, we have accumulated a great deal of material and experience forming a large reservoir from which to make studies. During the past year, there has been a continuation of the analysis of treatment results obtained by several methods, particularly our interest has been to determine what may be considered as the optimum method of treatment. In this respect, we have analyzed the effects of treatment of general paresis by malarial therapy and artificially produced fevers. We have been concerned in this particular study for several years. Added stimulus has been given by a cooperative study under the auspices of the United States Public Health Service. This survey takes in the pooled studies from a number of clinics, including the Mayo Clinic, Miami Valley Hospital Group, the Colorado Psychopathic Hospital, the Indiana State Hospital, and several others. As part of our contribution to this study, we have analyzed all the cases of neurosyphilis treated by febrile methods.

In addition to the attempt to evaluate the relative merits of artificially produced fever and malaria, we have directed our attention to the question of what is the optimum method of artificial fever therapy as regards the height of fever to be obtained, the length of time it should be maintained, and the frequency with which the fevers should be given. This work is in process and must, of necessity, continue over a period of several years because of the great number of variants before one has an adequate or even a suggestive answer. In the meantime, it seemed advisable to find out as accurately as possible what amount and duration of fever is obtained in malarial therapy. Despite the number of years that malaria has been used, there are practically no adequate studies relating to the amount of fever a patient undergoes. A careful survey of our malarial-treated cases has, therefore, been made, and an attempt has been made to see whether there is any relationship between the clinical and serological results on the one hand, and the amount and height of fever the patients developed. As a result of this survey, it appears that it is unusual for the malarial-treated patient to experience more than ten hours of fever of 106 degrees or over, or more than twenty hours of fever of 105 degrees or over, allowing for the conclusion that high, or long-sustained fevers are not essential in malaria treatment. This offers us a good base-line for comparison with fevers given by artificial means.

The conclusions derived from this study are that in general better results were obtained in the patients who had ten or more paroxysms of malarial fever than those who had a smaller number. There was no evidence, however, that the number of paroxysms, the height of temperature reached, or the length of time the high temperatures were sustained, had any relationship to the changes in the spinal fluid.

For several years we have been making studies on the physiology of patients during artificially produced fevers, and have continued these studies during the past year. Sugar tolerance tests show that the sugar tolerance is diminished during fever and that a diabetic type of curve occurs.

A beginning was made in the study of the effect of fever and anemia as results from malaria treatment on the sedimentation rate. This work is continuing.

A study of the effect of fever on the blood pressure and pulse rate reactions and postural changes has been finished. This study shows that the postural vasomotor reflexes are disturbed under febrile conditions, leading to an inadequate blood flow to the brain on changing from the supine to the sitting or standing position. This change of posture under conditions produced by fever may lead to untoward reactions; such as fainting, unconsciousness, or convulsions.

Because there has been so many reports in the literature on the effect of so-called autohemotherapy, that is the intramuscular injection of whole blood taken from a patient's vein, we made a study of the effect of this procedure on blood serology in fifteen syphilitic patients. We found no evidence that this has any beneficial result.

In the neuropathological laboratory, we have continued the study of the histological effect of fever treatments on the brains of parietic patients. Of particular interest in this regard is the effect on the neuroglia cells and iron. While there are reports in the literature on the effect of fever treatment on the inflammatory cells and the general nerve cell architecture, no study has yet been published relating to the matter of neuroglia and iron.

We have also been collecting material relating to various psychiatric conditions to be used for teaching and demonstration purposes.

The following is a list of papers published during the year, as well as the titles of two papers submitted and accepted for publication:

1. Studies in the Physiology of Artificial Fever. I. Changes in the Blood Volume and Water Balance. (From the Dept. of Medicine, Harv. Univ.; the Medical Clinic of the Peter Bent Brigham Hospital; and the Department of Neurosyphilis of the Boston Psychopathic Hospital). Reprinted from *Jour. of Clinical Investigation*, *XVII*, No. 3, pp. 219-232, May, 1938. (John G. Gibson, 2nd, and Israel Kopp.)

2. Physiopathological Aspects of Artificial Fever. *Med. Rec.*, *148*: 2:65, Jan., 1938. (Harry C. Solomon and Israel Kopp.)

3. Fever Therapy. *N. E. Jour. of Med.*, *217*, No. 21, pp. 805-814, Nov. 18, 1937. (Harry C. Solomon and Israel Kopp.)

4. The Treatment of Neurosyphilis. *Jour. Conn. State Med. Soc.*, June, 1938. (Samuel J. Epstein.)

5. The Pathogenesis of Syphilitic Optic Atrophy. (To be published in *Arch. Neur. and Psych.*)

6. The Effect of Treatment on Mental Level of Patients with General Paresis. (In press *Amer. Jour. Psych.*) (Samuel H. Epstein and Harry C. Solomon.)

The report of the Research Department of the Worcester State Hospital is herewith submitted by Doctor Andras Angyal.

The Research Department has, as in previous years, been subsidized by the Division of Mental Hygiene of the Massachusetts Department of Mental Health, the Worcester State Hospital, the Memorial Foundation for Neuro-Endocrine Research, and the Rockefeller Foundation. In addition, the Armour Company has contributed a special stipend to be used for study of the biochemistry of hormones.

Doctor R. G. Hoskins has continued as Director of the Research Department. Doctor D. Ewen Cameron, Resident Director of Research, left the Worcester State Hospital in November, 1938, to assume professorship in psychiatry and neurology at Albany Medical College, Albany, New York. He was succeeded by Doctor Andras Angyal. In February, 1938, Doctor Robert Fuchs, research internist, transferred to the Medical Service of the Worcester State Hospital and in April, Doctor L. S. Chase, a member of the Psychiatric Department, resigned to accept a position at the Boston City Hospital.

A great part of the activity of the Research Service during the last year was the continuation of the investigations on the effects of insulin treatment of schizophrenia and, less elaborately, of metrazol. While the work was primarily oriented toward therapeutic results, a number of subsidiary problems were studied with a view to determining the mechanism of the effects and to learning under what conditions favorable results may be obtained.

The insulin work was supervised by Doctor D. Ewen Cameron and was shared by all the departments. Twenty-two of the more acute cases were treated. Ten patients had a good remission, and twelve did not respond favorably to insulin treatment. When the group of recovered and non-recovered patients had been compared, distinct differences in the physiology became evident:

1. Recovered patients had a low blood pressure before treatment as contrasted with a group of non-recovered patients who originally had a normal blood pressure. After treatment the recovered patients showed a significant increase in their blood pressure.

2. The recovered patients showed initially an entire lack of constant relationship between free cholesterol and ester cholesterol of the blood, while in this respect the non-recovered patients were normal. After cessation of the insulin treatment in the recovered patients, it became stabilized.

3. The inorganic phosphorus of the blood was originally supernormal in all of the patients and decreased significantly in the recovered patients only.

4. The recovered patients were underweight before treatment, while the non-recovered patients were of normal weight. Under treatment the weight of the recovered patients increased.

5. Only the recovered patients showed an increase in pulse rate; the non-recovered patients remained unchanged in this respect.

6. The recovered patients showed a more marked increase in blood circulation time than did the non-recovered patients.

On the basis of the foregoing evidence, the hypothesis is offered that there is one subgroup of schizophrenics whose psychosis is significantly determined by initial depression of the adrenal-sympathetic apparatus. It is this group which responds favorably to insulin, and the behavioral effect may be due to improvement of the adrenal-sympathetic functions.

In addition to the insulin study, Doctor Cameron continued his investigations in association with Doctor H. Hoagland and Doctor M. A. Rubin upon the effects of emotion upon the brain wave picture, leads being taken not only from the cortical regions but from an area in the neighborhood of the hypothalamus. In view of the fact that the insulin results indicated that the adrenal activity, particularly of the recovered cases, was much increased, Doctor Cameron, in association with Doctor Rubin, studied the effects of adrenalin injections upon the brain wave picture. In association with Mr. R. Moore of the Psychology Department, the effects of the same drug upon certain personality traits were studied. As a further test of the activity of the sympathetic-adrenal system, Doctor Cameron investigated the use of the ice-water test and also studied the systolic-diastolic blood pressure. He also carried out a study on the early symptoms of schizophrenia with a view to making possible earlier detection and hospitalization of such cases.

In previous publications, Doctor Angyal reported on a group of schizophrenics characterized by the presence of a particular clinical syndrome. It was inferred that the syndrome might be due to atrophy in certain sections of the parietal cortex. In order to test this hypothesis, pneumo-encephalographic studies were carried out on a number of schizophrenic patients having this syndrome. In order to obtain a further objective check, the same patients were also studied by Doctor M. A. Rubin by the electro-encephalographic method. The evidence points to the fact that a rather close correlation exists between the syndrome and parietal atrophy.

Doctor Angyal also devoted considerable time and effort to the completion of a monograph entitled "Foundations for a Science of Personality." The monograph was written to afford an interpretational background for physiological as well as for psychological facts. Two sections have already appeared as articles in scientific journals.

During the past year, Doctor L. H. Cohen has devoted his energies almost exclusively to the metrazol project. The primary purpose of this study was to determine the therapeutic efficacy of the drug and the best way of utilizing it. In all, 153 schizophrenic patients were treated and a number bearing other psychiatric labels were used as controls. In patients treated early in their psychosis, the results were excellent. In more chronic cases, the degree of improvement was in general less striking, but in a high proportion of the chronic cases in which overactivity and excitement were outstanding features, a marked quieting effect was obtained. Two outstanding results of administering metrazol in the conventional method are convulsions and anxiety. Whether the convulsions are necessary to therapeutic success was studied by giving to a group of patients enough of the drug to evoke anxiety but not convulsions. The therapeutic results were less marked than with the conventional treatment. The same problem was approached in another way; namely, by giving sufficient amounts of a sedative drug (sodium amytal) to prevent convulsions. It seemed to have the general effect of lessening the efficacy of the metrazol, and in this measure to detract from therapeutic results. Another method of using the drug was to give it in relatively large doses intramuscularly rather than by vein. The patients were thus brought into a condition where repeated convulsions occurred. No particular advantage of this method could be seen and since it added to the dangers of toxic injury it was discontinued.

A study was made by Doctor Cohen in association with Doctor W. Freeman on the effect of metrazol on the various organs of rats. Also in collaboration with Doctor W. Freeman, post-mortem examinations have been made on three patients who had at some time been on metrazol treatment, and no pathological findings were obtained which could be regarded as metrazol effects.

Doctor Cohen is carrying out a study in association with Doctor L. Randall on the serum lipid values of excited and calm schizophrenic patients.

Doctor C. Wall made an attempt to find common characteristics in a small group of schizophrenic patients who had responded to insulin treatment and to contrast these with a group who did not respond. The two groups showed suggestive differences in addition to the difference in duration of psychosis. The patients who responded showed in general a rapid onset, or an acute episode in a gradual onset. In contrast with the other group, they were capable of a considerable amount of "normal" emotion. Follow-up observations have been made on the above patients throughout the year. In another study, data on the behavior of patients during hypoglycemia were correlated with the therapeutic success and an explanation of the correlation was attempted. Doctor Wall also made a study of pathological reflexes in schizophrenia. Reflex abnormalities in schizophrenia have been reported by several other writers, Doctor Wall checked the results of these reports on 50 schizophrenic and 20 normal subjects. Only 2 of the numerous reflexes proved to be at all instructive; namely, those of Schrijver-Bernhard and Piotrowski. However, these reflexes were found also in 2 of the 20 normal subjects; hence, they are not of absolute diagnostic value. In conjunction with Doctor Rubin, Doctor Wall made a study on the effect of metrazol on the electrical activity of the brain in 11 patients.

Doctor H. Freeman, in collaboration with Doctor Rodnick, studied the effects of a "thermal stress" situation upon various cardiovascular and respiratory mechanisms in 20 normal and 20 schizophrenic subjects. The lesser response of the patients in blood pressure, heart rate and respiratory rate and depth seems to indicate that the schizophrenic patients as a group have a diminished reactivity. Doctor Freeman studied the arm-to-carotid circulation time in 22 acute schizophrenic patients who received insulin treatment. The mean circulation time was decreased by the insulin treatment by approximately three seconds. Of these patients, 10 improved and the others showed no change. Both groups showed more stability in this function both within and among individuals as a result of the treatment, but the group which improved exhibited a greater change in this respect than the others. In collaboration with Doctor Rubin, Doctor Freeman studied the effect of NaCN on the brain waves. NaCN was used because of the apparent similarity of its respiratory effects to those of sub-convulsive doses of metrazol. In 22 patients, 0.7 cc. NaCN accentuated whatever brain rhythm was present previous to the injection.

Doctor Freeman has been experimenting with a new therapeutic technic. By the use of cyclopropane, he is producing rapid changes in the state of consciousness. In 6 chronic cases, no satisfactory results were obtained, but, in two acute cases being studied at present, the results are encouraging.

Doctor M. A. Rubin investigated the spontaneous electrical activity of the cerebral cortex as a whole, rather than in terms of its separate parts. The resultant distribution curves of alpha activity along the head from both cerebral hemispheres of normal individuals yielded information of considerable neurophysiological interest. Application of this "mapping" technic uncovered a new method for localizing cortical atrophy. The method is based mainly on the differences observed in alpha activity of corresponding areas in the two cerebral hemispheres when atrophy is present.

Studies of the electro-encephalogram in "emotion" were also carried on in collaboration with Doctor Cameron and Doctor Hoagland. One of these studies was concerned with the relation between slow (delta wave) activity in the cerebral cortex and "emotion." In both normal and schizophrenic subjects, the delta wave activity increased with an "emotional" response to verbal stimulation. It seemed that the electro-encephalogram is a better index of "emotion" than the electro-cardiogram. In the other study (with the assistance of Doctor J. J. Tegelberg), simultaneous electrograms from the cerebral cortex and from a region near the hypothalamus brought out certain differences in the activity of the two organs. When an "emotional" response was evoked, delta waves appeared under the "hypothalamic" electrode before they were recorded from the cortical lead.

The effect of adrenalin on the cortical electrogram was studied in collaboration with Doctor Cameron. It was found that intravenous adrenalin was entirely without effect while when administered subcutaneously it altered the per cent time alpha in schizophrenic patients but was without effect on normal controls.

In collaboration with Doctor Wall, the effects of metrazol on electrical activity of the brain have been studied. Simultaneous records from the head and from the musculature of the left arm confirmed the conclusions that the metrazol convulsions were of central nervous origin.

Doctor Rubin also cooperated on the various therapeutic projects studying the changes in the electro-encephalogram before, during, and after treatment.

During the year the biochemical laboratory, under the direction of Doctor J. M. Looney, has collaborated on studies on the effect of insulin on schizophrenic patients. Calcium, phosphorus, potassium, lactic acid, blood gases and glutathione were determined twice weekly for the two weeks before the insulin treatment and for two weeks after the completion of the therapeutic program. Blood lipids and choline esterase were done once a week. In addition, lactic acid, pH, blood gases, and sugar determinations were made at intervals during the period of coma and one hour after glucose was administered.

As a part of an extensive study of the sex hormone factor in schizophrenia, considerable attention has been paid to assay methods. The "characteristic curves" for gonadotropic material (Armour's maturity factor) have been fairly well established in immature male and female rats, using several organs as indicators. Similarly, considerable progress has been made in establishing the curves for testosterone propionate.

The work on isolation of gonadotropic substances from the adrenal glands as reported last year has been continued by Doctor Looney and Miss Howe. Fractions were made according to the technique of Pottenger and also of Hoffman. This showed only slight evidence of activity. Several fractions have been made by use of dibutyl ether and also by the use of dioxane. In preliminary tests, suggestions have been obtained that the aqueous-alkaline fractions made from these solvents have a female-stimulating, male-depressing effect. Ether soluble residue from the sodium NaOH treatment has given some evidence of a male gonadotropic effect. Miss Howe has also worked with colorimetric detail of gonadogens extracted from the urine of the schizophrenic patients by the benzol extractor of Koch.

In a group of patients who are to receive testosterone, determinations are being made of the androgens and estrogens as well as the pregnandiol glucuronidate output of the urine.

In collaboration with Doctor Cohen, Doctor Randall and Mr. Romanoff have studied the effect of metrazol on tipid and choline esterase of schizophrenic patients, and also in excited as compared with calm patients.

Doctor W. Freeman and Miss Kennedy have carried out an investigation on the effect of metrazol convulsions on the various organs of rats, including the brain.

A great part of the activity of the psychology Department, which is under the direction of Doctor David Shakow, was devoted to studies concerned with the insulin therapy. A battery of tests and a series of experimental procedures were followed out with the insulin group, studied by the service as a whole. In the analysis of the findings, two types were especially looked for: (1) those in which recovered patients distinguished themselves from non-recovered patients before medication, and (2) those in which the medication had differing effects in the two groups despite similarity of response before medication. Indications of both kinds were found. It appears that various aspects of the Stanford-Binet, the Kent-Rosanoff, the pursuit-meter and the galvanic skin reflex offer the most promising possibilities.

Doctor E. Rodnick, in association with Doctor H. Freeman, made a study of the differences in response to respiratory stresses in schizophrenic and normal subjects.

The "tautophone experiments" of Doctor Shakow and Doctor S. Rosenzweig were concerned with the responses of patients and normal controls to auditory stimulus patterns. Different profiles of response appear for the normal, hebephrenic, and paranoid groups. The normal profile includes a relatively greater proportion of responses which have sentence structure, follow the stimulus pattern closely, are meaningful, and have egoreference. The hebephrenic reactions, although consisting largely of meaningful responses in sentence structure, are relatively remote from the stimulus pattern and are frequently couched in a foreign language. The paranoid profile gives prominence to

syllables and exhibits a tendency towards a later assignment of meaning to the originally nonmeaningful responses. The results thus offer material significant for diagnostic purposes.

Mr. R. Moore, in association with Doctor Cameron, completed a study of the effect of the administration of adrenalin on higher integrative mental functions. "Organization" responses and reaction-time were found to be affected the most.

Doctor Rosenzweig has continued work on the psychological follow-up of a patient who was receiving testosterone treatment.

Dr. Shakow has also continued the analysis of material collected on memory functions and Kent-Rosenoff results in schizophrenia and other psychoses, and in normal individuals.

The insulin study provided a large portion of the work performed by the Biometric Department, under the direction of Mr. E. M. Jellinek. There was first the continuous recording of this data, next the preliminary analysis, and lastly a detailed final analysis. The most outstanding results have been referred to already in connection with the insulin study.

The experiments of Doctor Harry Freeman relating to insensible perspiration, oxygen consumption, and skin and body temperature under various conditions were subjected to exhaustive analysis.

The results of Doctor Cameron's ice-water test, as well as his eserine and adrenalin studies received preliminary statistical analysis. Special studies pertaining to oxygen consumption were performed.

Doctor B. Lengyel has been making a study of spontaneous remission rates in schizophrenia. This was based on the records of the hospital starting with the year 1910. It is hoped that upon completion of this study control material will be available for evaluating remission rates in various therapeutic procedures. As a by-product of this study, mortality tables in schizophrenia will be produced.

On the theoretical side, Lambda techniques have been perfected now to such a degree that they have become available for practical application.

Numerous small analyses have been prepared pertaining to various physiological and psychological studies.

The following articles were published during the year on the Research Service:

1. Oxygen Metabolism in Schizophrenia. *Arch. Neurol. and Psychiat.* 38: 1261, Dec., 1937. (R. G. Hoskins).
2. Some Uses and Abuses of Statistical Method in Psychiatry. *Biometric Bull.* 1: 97, Dec., 1937 (E. Morton Jellinek).
3. The Use of Fiducial Probability in the Interpretation of Inclusive Experiments. *Biometric Bull.* 1: 97, Dec., 1937. (Robert Dorfman).
4. A Test of a Sample Variance Based on Both Tail Ends of the Distribution. *Annals of Mathematical Statistics.* 8: 193, Dec., 1937. (John W. Fertig with the assistance of Elizabeth A. Proehl).
5. Scatter on the Stanford-Binet in Schizophrenic, Normal, and Delinquent Adults. *J. Abnorm. & Social Psychol.* 33: 100, Jan., 1938. (Albert J. Harris and David Shakow).
6. Further Experiences in the Insulin-Hypoglycemia Treatment of Schizophrenia. *J. Nerv. & Ment. Dis.* 87: 14, Jan., 1938. (D. Ewen Cameron).
7. The Early Diagnosis of Schizophrenia by the General Practitioner. *New England J. Med.* 218: 221, Feb., 1938. (D. Ewen Cameron).
8. Oxygen and Carbon Dioxide Contents of Arterial and Venous Blood of Schizophrenic Patients. *Arch. Neurol. and Psychiat.* 39: 276, Feb., 1938. (J. M. Looney and H. Freeman).
9. Variability of Circulation Time in Normal and in Schizophrenic Subjects. *Arch. Neurol. and Psychiat.* 39: 488, March, 1938. (H. Freeman).
10. The Rorschach Test as Applied to Normal and Schizophrenic Subjects. *Brit. J. M. Psychol.* 17: 227, March, 1938. (Maria Rickers-Ovsiankina).
11. Imagery and Its Relations to Schizophrenic Symptoms. *J. Ment. Sc.* 84: 284, March, 1938. (Louis H. Cohen).
12. Electrencephalograms in Schizophrenia. (Abstract only) *J. Nerv. & Ment. Dis.* 87: 337, March, 1938. (Hudson Hoagland).
13. Electrical Brain Waves in Relation to Insulin Treatment of Schizophrenics. *M. Rec.* 147: 293, April, 1938. (Hudson Hoagland, D. Ewen Cameron, and Morton A. Rubin).

14. Metabolic, Cardiovascular, and Biochemical Changes Associated with Experimentally Induced Hyperthyroidism in Schizophrenia. *Endocrinology* 22: 548, May, 1938. (Louis H. Cohen and J. H. Fierman).
15. Changes in Blood Lipids during Insulin Treatment of Schizophrenia. *Am. J. M. Sc.* 195: 802, June, 1938. (Lowell O. Randall, D. Ewen Cameron, and Joseph M. Looney).
16. Skin and Body Temperatures of Normal Individuals under Cold Conditions. *J. Nutrition* 15: 597, June, 1938. (H. Freeman and R. F. Nickerson).
17. Observations on the Convulsant Treatment of Schizophrenia with Metrazol. *New England J. Med.* 218: 1002, June, 1938. (Louis H. Cohen).
18. An Initial Depression of Heart Rate in Response to Epinephrine in Human Subjects. *J. Pharmacol. & Exper. Therap.* 63: 143, June, 1938.
19. The Distribution of the Alpha Rhythm over the Cerebral Cortex of Normal Man. *J. Neurophysiol.* 1: 313, July, 1938. (Morton A. Rubin).
20. Chemical Topography of the Brain. *J. Biol. Chem.* 124: 481, July, 1938. (Lowell O. Randall).
21. Loss of Temporal Localization as a Manifestation of Disturbed Self-Awareness. *Am. J. Psychiat.* 95: 87-95, July, 1938. (Louis H. Cohen and Gregory N. Rochlin).
22. The Concept of Bionegativity. *Psychiatry*, 1: 303, Aug., 1938. (Andras Angyal).
23. The Early Effects of Metrazol Therapy in Chronic Psychotic Over-Activity. *Am. J. Psychiat.* 95: 327, Sept., 1938. (Louis H. Cohen).
24. A Note on the 8-Method for Finding Variance Formulae. *Biometric Bull.* 1: 129, Sept., 1938. (Robert Dorfman).
25. Analysis of the Effects of High Humidity on Skin Temperature. *Biometric Bull.* 1: 139, Sept., 1938. (B. A. Lengyel and J. Freeman).
26. A Variability Study of the Normal and Schizophrenic Occipital Alpha Rhythm: I. *J. Psychol.* 6: 325, Oct., 1938. (Morton A. Rubin).
27. Emotion in Man as Tested by the Delta Index of the Electro-Encephalogram: I. *J. Gen. Psychol.* 19: 227, Oct., 1938. (Hudson Hoagland, D. Ewen Cameron, and Morton A. Rubin).
28. Emotion in Man as Treated by the Delta Index of the Electro-Encephalogram: II. Simultaneous Records from Cortex and from a Region near the Hypothalamus. *J. Gen. Psychol.* 19: 247, Oct., 1938. (Hudson Hoagland, D. Ewen Cameron, Morton A. Rubin, and Julius J. Tegelberg).
29. The Electroencephalogram in Bromide Intoxication. *Arch. Neurol. & Psychiat.* 40: 922, Nov., 1938. (Morton A. Rubin and Louis H. Cohen).
30. The Influence of Cyanide on Brain Potentials in Man. *J. Neuro-physiol.* 1: 527, Nov., 1938. (Morton A. Rubin and Harry Freeman).
31. Early Schizophrenia. *Am. J. Psychiatry* 95: 567, Nov., 1938. (D. Ewen Cameron).
32. A Dynamic Interpretation of Psychotherapy Oriented Towards Research. *Psychiatry* 1: 521, Nov., 1938. (Saul Rosenzweig).

CHILD GUIDANCE CLINICS

The following report of the Worcester Child Guidance Clinic for the year ending November 30, 1938 is submitted by Miss Ruth Walton, head social worker, in the absence of the former director, Doctor Milton E. Kirkpatrick who resigned his position in November.

Our interest at the Worcester Child Guidance Clinic continues to emphasize the treatment of the individual child. Although our statistical report designates more cases of a diagnostic and advice nature, this service is often rendered as part of a treatment program carried on by another agency in the community. Our unusual number of reopened cases are noted, which we feel may designate a growing understanding of the use of the clinic by the community and the individual child. The number of speeches in the community are made by request and may indicate a desire upon the part of the community for a continued educational program of this nature. Although there have been changes in our staff members and we have had a reduced staff at various times during the year, we have continued with our usual clinic activities both in the community and within the clinic itself.

The demonstration clinic in connection with the Webster Schools, begun in January, 1937, was continued. Some of the cases studied during the first year and still in need of treatment were carried throughout the year, and a few emergent new situations were dealt with. The chief work of 1938, however, was a study of twenty-five children of

average intelligence, or above, in the early grades, who were markedly retarded in reading. This was a problem which concerned the school system, and it was hoped that out of this study might come some common observations which might be related to the general problem of difficulty in reading. The schools gave careful reports on these children as they saw them, and tested ears and eyes, while the clinic secured social background, gave tests for dominance and diagnostic reading tests and examined the children psychiatrically. The Director made a general report on the results of the study to all of the teachers of the school system. The social workers saw the various parents again to give them specific suggestions for use with their own children. The teachers of the twenty-five nonreaders were given reports and recommendations for the individual children, culled from the findings of the psychiatrist, the psychologist and the social worker. It is our opinion that one of the most valuable by-products of this study has been the absolving of the teacher of blame for all of her reading failures, with the result that she has attacked the problem with added energy.

This has been the third year that our social worker, Miss Burnell, has been doing some work in connection with the Worcester Girls' Club in an effort to learn how the clinic might best be of service to such a recreational agency. At first children who were already disciplinary problems were interviewed, but this was given up as the children regarded her as just another disciplinarian. Then, at the request of the club, the parents of these children were visited and attempts made to have the parents make use of the Child Guidance Clinic. These, too, were unsuccessful. It was decided that the Clinic's service probably lay more in the educational and preventive field, and the work during 1938 has been in this area. The social worker met with the Club leaders for a series of lectures and discussions having to do with psychology and behavior. The leaders have found these helpful in their dealings with the girls, and the Club Director has asked that they be continued in 1939. In connection with another course being given at the Club, there were discussions with adolescents on the basis of behavior. These are to be continued in 1939 as electives in the Club program, under the name of "Personality Clubs."

PSYCHOLOGY DEPARTMENT

The program of routine psychometric examinations is essentially the same. Research is being carried on to determine the value of "group therapy" with children. The present interest is in clarifying our objectives and in evaluating behavior. An observation screen and sound amplifier makes possible a complete record of the behavior and conversation of these children.

Our research program has become a particularly important factor during the past year not only in our study and analysis of therapeutic techniques but also in further study of the type of personality and of the problem which responds to clinic treatment. This has included a study of the personality traits of a group of 25 adolescents, who broke treatment of their own volition, and of 27 mothers with personality traits of a dominating and aggressive nature. The mothers were treated simultaneously with the treatment of the child, and with only partial success. Emphasis was also laid upon the treatment of a particular problem in another study, including the analysis of the present adjustment of 36 children who were treated for speech defects. More than two-thirds of these children showed improvement. A study of the source of referral in forty-five cases revealed that although the source may have been of an authoritative nature, the real outcome of the case depended upon the parents' desire for and acceptance of treatment.

In August, the staff members started to organize a follow-up study of 300 children who had formerly been treated at the clinic to determine their present adjustment and the value of clinic treatment in this adjustment. There has already been a great deal of progress made in this study under the supervision of Doctor Shakow of the Worcester State Hospital.

The Clinic has felt keenly the loss of various staff members during the past year. Doctor Paul Jordan resigned in March to take a position in the psychiatric division of the Medical School of the University of Michigan. He was replaced by Doctor William Holt, of the Worcester State Hospital, in September, and the latter returned to a position on the Hospital staff in November. Doctor Stavsky of the psychology department left the Clinic in October to take a position as psychologist with the new Children's Center in Wilkes-Barre, Pennsylvania. He has not yet been replaced. Doctor Kirkpatrick resigned as Director of the Clinic in November, 1938, to take a position in Lansing,

Michigan, as organizer of new child guidance clinic in connection with the Couzen's Fund. The members of the staff are most appreciative of Doctor Kirkpatrick's leadership at the clinic, and sincerely regret his leaving. We have been ably assisted by Doctor Cobliner since October, 1938. She has been kindly lent to us from the Worcester State Hospital staff.

ANNUAL SERVICE REPORT

I. REPORT OF CASE LOAD

A. <i>Carried Cases</i>	<i>Total</i>
1. Cases carried over from last year	315
2. Intake a. New cases accepted	192
b. Old cases reopened	
(1) last closed before present year	21
(2) last closed within present year	1
3. Total cases open at sometime in this year	529
4. Cases taken from service	293
5. Cases carried forward to next year	236
B. <i>Closed Cases Followed Up (Not reopened)</i>	48
C. <i>Applications Rejected</i>	12
D. <i>Applications Withdrawn</i>	16

II. TYPE OF SERVICE CLASSIFICATION

A. <i>New Accepted Cases</i>	
6. Full service a. Clinic staff cases (7 reopened)	70
b. Cooperative cases (3 reopened)	15
c. Full Service not a or b	0
7. Special and Diagnostic Service (Advice) (12 reopened)	129
8. Total New Cases Accepted	214
B. <i>Cases Taken From Service</i>	
9. Full service a. Clinic staff cases	121
b. Cooperate cases	44
10. Special Service (Advice)	128
11. Total cases closed during this year	293

III. SOURCES REFERRING NEW ACCEPTED CASES

	<i>Full</i>	<i>Special</i>	<i>Total</i>
12. Agencies a. Social	11	17	28
b. Medical	1	3	4
13. Schools a. Public	9	24	33
b. Other (Tutor)	1	0	1
14. Juvenile Court	0	56	56
15. Private Physicians	1	3	4
16. Parents, relatives	57	26	83
17. Others (Church, friend, Pres. of C. G. Assoc.)	5	0	5
18. Total new cases accepted	85	129	214

IV. SUMMARY OF WORK WITH OR ABOUT PATIENTS

A. <i>By Psychiatrists</i>	<i>Total</i>
1. Interviews with patients a. for examination	173
b. for treatment	571
2. Interviews about patients	103
3. Physical examinations by clinic staff members	33
B. <i>By Psychologists</i>	
1. Interviews with patients a. for examination	169
b. for re-examination	14
c. for treatment	861
2. Interviews about patients	17
C. <i>By Social Workers</i>	
1. Interviews in clinic	991
2. Interviews outside clinic	397
3. Telephone calls	709

D. *Number of Cases Given Initial Staff Conference*

1. Full service a. Clinic staff cases	53
b. Cooperative cases	14
2. Special service	18

E. *Number of Open Cases Given Service During Year by Workers* 2109F. *Referral Interviews* 145V. *PERSONNEL REPORT (Average Staff During Year)*

	<i>Full-time</i>	<i>Part-time</i>
A. <i>Regular Staff</i> a. Psychiatrists	2	
b. Psychologists	2	
c. Social workers	3	
d. Clerical workers	2	
B. <i>Staff in Training</i> a. Social workers	4 (3 beginning Sept. '38)	
b. Psychologist	1 (Beginning Sept. '38)	

VI. *OPERATING SCHEDULE*

- A. *Schedule of clinic days and hours*
 9 to 5 daily
 9 to 12 Saturday
- B. *Schedule of attendance of psychiatrists*
 9 to 5 daily
 9 to 12 Saturday

EDUCATIONAL SERVICES

*Month and Staff Members, etc.**January* — Mrs. Walton, Y.M.C.A.; A.A.S.W.

February — Miss Whitman, Jewish Council of Women; Y.W.C.A. Parents Education. Miss Burnell, Girls' Club Leaders. Dr. Kirkpatrick, Unitarian Church; Committee on Delinquency; Y.M.C.A. Parents Education. Mrs. Walton, Miss Whitman, Dr. Kirkpatrick, State Teachers College.

March — Miss Burnell, Chaffin Parent-Teacher Association; Girls' Club Leaders.*April* — Mrs. Walton, Y.W.C.A.; Miss Burnell, Girls' Club Leaders.*May* — Miss Burnell, Girls' Club (Assistant Leaders); Girls' Club Leaders.

November — Miss Whitman, National Jewish Council; Miss Burnell, Girls' Club Group (3 times); Women's Union, Baptist Church.

The report of the Springfield Child Guidance Clinic is herewith submitted by the Director, Doctor Olive A. Cooper. This report covers the period from the institution of the clinic on November 21, 1938 to November 30, 1938. For this reason, no statistical statements embodied.

The Child Guidance Clinic of Springfield, made possible through the combined efforts of the Massachusetts Department of Mental Health, the Springfield Community Chest, and the Junior League, began its program on November 21, 1938. The establishment of the clinic answered a long-standing need that was further emphasized by the survey conducted two years ago by the Massachusetts Society for Mental Hygiene, which stressed the inadequacy of the mental hygiene facilities available in the city. The need for more clinic service was keenly felt by the social agencies in their desire to incorporate properly the psychiatric point of view in their case work, a fact which was clearly and forcefully reiterated in the survey. Previously the psychiatric services for the entire area consisted of two half-day clinics per week, jointly supported by the Community Chest, the Springfield Hospital, and the Monson State Hospital. The last-named contributed the services of a psychiatrist. This unit has since been discontinued and the records turned over to this clinic.

In organizing the clinic program, the Board of Directors and the Clinic Director have endeavored to have the services of the clinic meet what would appear to be the particular needs of the community. Although it is too early to evaluate with any degree of precision the specific community needs, the more pressing would seem to be clinical resources for the study and treatment of individual psychiatric cases and general community education in mental hygiene principles.

A special effort has been made in the direction of establishing a close relationship with community agencies concerned with the welfare of children, thus effecting an important step in the direction of achieving the manifold purpose of the clinic; namely, educational, preventive, and therapeutic. There has been set aside weekly a specific period for the

acceptance of the cases from the largest case-working agency in the city, for the purpose of service to the cases involved and for educational value to the case workers — this in addition to the routine service offered the agency.

The trustees of the Wesson Memorial Hospital have provided quarters for the clinic, consisting of a large waiting room and play room combined, three consultation rooms, and secretarial office, which are on the ground floor of the nurses' home. The quarters are located in a central and accessible part of the city — an important factor in any clinic set-up.

The clinic functions on a full-time basis and aims to serve greater Springfield and surrounding areas that are not otherwise provided with such specialized services.

The staff consists of a full-time psychiatrist (who is also the Director), head social worker, and senior clerk; part-time pediatrician, psychologist, and a volunteer remedial tutor. After the New Year, two additional volunteer workers are to be added to the staff in the form of a play supervisor and speech worker.

The present scope of the clinic activities may be grouped as follows:

1. Clinic service consisting of study, diagnosis, and treatment of problem children and parents.
2. Educational activities comprising general community education — lectures to lay and professional groups, to present the aim and functions of the clinic, as well as didactic presentation of mental hygiene principles; case work discussions with agencies bearing a responsibility in the care of children; and formal class instruction in the University Extension courses.

The clinic procedure follows the pattern established for all child guidance clinics under the direction of the Department of Mental Health and includes a four-fold examination — physical, psychological, social service, and psychiatric appraisal.

As an important adjunct to the study and therapeutic program, a well-organized play program is anticipated, the equipment and supervisor already have been recommended.

Weekly staff conferences open to professional workers are planned, at which time will be held discussions of individual cases, as well as outside subjects relating to work in the clinic. Presentations of this type not only contribute indirectly to the treatment program but also serve a purpose in our educational endeavor, as well as serving to promote smooth, integrated functioning between the clinic and other agencies in the community.

The unanimity of the community response and its sincere endorsement of the clinic have been most gratifying and inspirational to the staff. The clinic anticipates further interest in and expansion of facilities for a more productive approach to the problems of child guidance.

In conclusion, I wish to express my sincere appreciation to those who have faithfully served in this Division during the past year. I am grateful for the cooperation and assistance extended to me by the Commissioner of the Department of Mental Health and the Directors of the various Divisions.

Respectfully submitted,

EDGAR C. YERBURY, M.D.,

Director, Division of Mental Hygiene

REPORT OF THE DIVISION OF MENTAL DEFICIENCY

To the Commissioner of Mental Health:

A report of the Division of Mental Deficiency for the year ended November 30, 1938, is respectfully submitted.

The subjects listed below are discussed in this report:

- I. Traveling Psychiatric School Clinics for the Examination of Retarded Children in the Public Schools.
 - (a) Historical Sketch of Organization, 1914–1938.
 - (b) Primary Reasons for Cases Being Referred to School Clinics, 1938.
 - (c) Age of School Clinic Cases Examined during the Year 1938.
 - (d) Intellectual Status of First Examinations, 1938.
 - (e) Intellectual Status of Re-Examinations, 1938.
 - (f) Personnel of Clinics, 1938, by Institution.
 - (g) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1938.

- (h) Comparison between Intellectual Status of First Examinations and Re-Examinations, 1928-1938.
- (j) First Examinations, Re-Examinations and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1938, by Place of Residence and Sex.
- (k) Total Examinations, 1926-1938, by Clinic.
- (l) Total Towns Examined, 1926-1938, by Clinic.
- II. Incidence of Retardation, 1938.
- III. Central Registry for Mental Defectives.
 - (a) Type of Contact in Mental Defectives Reported to Central Registry, 1938.
 - (b) Age, I.Q., and Sex of Mental Defectives Reported to Central Registry, 1938.
 - (c) Percentage Distribution of Age Groups in Mental Defectives Reported to Central Registry, 1938.
- IV. Research in Mental Deficiency.
- V. Publications.
- VI. Social Service Division.
 - (a) Community Supervision.
 - (b) Case Records.
- VII. Recommendations.
- Graph I. Number of Clinic Examinations, 1915-1938.
- Graph II. Residence of Applicants on Waiting Lists of State Schools, 1938:
Rates Per 100,000 Estimated Population of Same County.

I. TRAVELING PSYCHIATRIC SCHOOL CLINICS

(a) History

During the year 1938 the Division continued its direction of the fifteen traveling psychiatric school clinics coming under this Department. These clinics have been in operation for twenty-four years, and have been state-wide in their function since 1921, or a period of seventeen years.

The Massachusetts School Clinic System was devised and placed in operation by the late Dr. Walter E. Fernald, who sent out the first traveling clinic from the Waverley School on December 15, 1914. In 1917, the late Dr. George L. Wallace sent out the second traveling clinic from the Wrentham State School. As time went on, however, it soon became evident that these two clinics could not examine all the backward children in the public schools of the entire State, and the formation of additional units became imperative. Dr. Fernald placed the matter before the Commissioner of Mental Diseases, the late Dr. George M. Kline, and in 1921, as a result of their collaboration, traveling clinics were created to operate from each of the fourteen institutions under the Department of Mental Diseases. Thus, for the first time an adequate state-wide system for the examination of all retarded children was made possible. The fifteenth clinic was added in January, 1928.

Dr. Kline saw that the withdrawal of a psychiatrist from the medical staffs of the various hospitals was impracticable and, therefore, increased the quota of each institution by one physician and one psychologist to carry on this important work. Dr. Payson Smith, former Commissioner of Education, took an active part in framing the law relating to retarded children, and in outlining an enforcing the school clinic regulations which have contributed so materially to the school clinic system.

The General Court of 1919 enacted a law to legalize the operation of the clinics in the public school system. This law was later amended by the Legislature in 1922, and again in 1931. It now reads as follows:

Chapter 71, section 46, General Laws, as amended by chapter 231, statutes of 1922, and chapter 358, statutes of 1931: — "The School Committee of every town shall annually ascertain, *under regulations prescribed by the Department of Education and the Department of Mental Diseases*, the number of children three years or more retarded in mental development in attendance upon its public schools, or of school age and resident therein. At the beginning of each school year the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. A child appearing to be mentally retarded in any less degree may, upon request of the superintendent of schools of the town where he attends school, be examined under such regulations as may be prescribed by the

department of education and the department of mental diseases. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section shall, after complaint made by the school committee to the department of public welfare or said division, be placed in a town which is not required to maintain a special class as provided for in this section. (Approved May 26, 1931)."

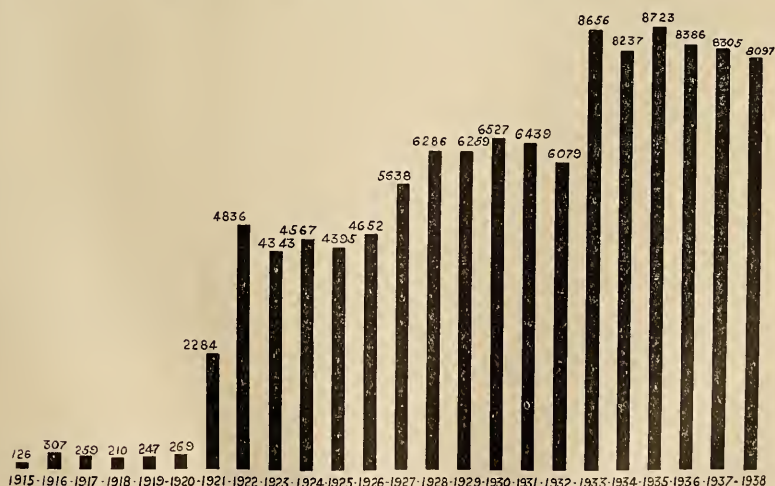
It will be noted that radical changes in the school clinic law were effected during 1931. Heretofore, only those children three or more years retarded were eligible for examination. The new law states specifically, "*A child appearing to be mentally retarded in any less degree may, upon the request of the superintendent of schools of the town where he attends school, be examined under such regulations,*" etc. This permits the examination of two very important groups: (1) children retarded but one or two years in school work; and (2) children presenting various behavior problems which have been interfering with their school progress. This is one of the most constructive moves ever made in our particular field. It makes possible the early examination and placement of a child showing retardation before he has progressed to the point that he is included in the classification of "three years retarded."

The Department of Education has outlined certain regulations dealing with examinations and special class provision. The first paragraph of these regulations applies in particular to the school clinics under the supervision of this Division. It reads as follows:

1. The school committee shall require the examination of all children of school age residing in the town who appear to be three or more years retarded in mental development. *The examination shall be given by the State Department of Mental Diseases or an examiner approved by that Department.*

The growth in the number of examinations completed by the traveling clinics each year is outlined in Graph I. The striking increase in 1921 is due, of course, to the simultaneous operation of fourteen clinics. For the year 1933, also, we note a substantial increase in the number of examinations due, of course, to the change in the law in 1931. At the end of 1938, a grand total of 114,127 examinations of retarded children have been conducted by the clinics during the twenty-four years of their operation.

In connection with the school clinic work, the Director has held numerous conferences with officials of the Department of Education, with school superintendents, with clinic psychiatrists and clinic social workers, so that the service rendered by the clinics may best meet the varying needs of the school systems involved.



GRAPH I. — NUMBER OF SCHOOL CLINIC EXAMINATIONS, 1915-1938, BY YEARS

There has been a steady increase of interest throughout the State in the work which is being done by our traveling clinics. School superintendents now welcome any assistance which the clinics can give, and have become enthusiastic supporters of this system of examining retarded children. They were not long in recognizing the fact that the service provided is detached from the local school organization and, as such, can provide an examination which is wholly impersonal. In the past, parents of retarded children have been sometimes critical of the decisions made by the local school superintendent in reference to the placement of retarded children in special classes. Now they are proving to be less critical as they recognize that the decisions are based on very complete medical and psychiatric examinations by a clinic which is not a part of the local school organization.

It is a standard practice for the psychiatrist of the traveling clinics to invite the parents of children examined to come to the schools and to confer with them following the examinations. Many parents cooperate in this matter, and have come to a better understanding of their children when behavior problems and other difficulties are interpreted to them by the psychiatrist.

Superintendents of the various state hospitals and schools recognize the value of the traveling school clinic as an out-patient activity. The service which can be rendered to the community in the diagnosis and placement of backward children in the schools is of incalculable value. Several of the superintendents have been most cooperative in assuming extra territory in which to conduct examinations.

(b) Primary Reasons for Cases Being Referred to School Clinics, 1938: All Institutions.

Prior to 1931, the law regulating the activities of the traveling school clinics specified definitely that children must be three or more years retarded before they could be examined. During 1931 a change in the law was effected which now makes it possible to examine children who show any lesser degree of retardation.

In Table 1 we present the primary reasons for cases being referred to our school clinics during the year 1938. Of the 8,097 children examined during the year, 68 per cent were referred because of retardation; 22 per cent because of some school problem; 1.8 per cent had personality difficulties; .8 per cent were behavior problems; .5 per cent were social problems, and .4 per cent were physical problems. Roughly, 68 per cent of cases were referred because of retardation, and 32 per cent of cases because of other reasons. In the sexes we observe that the males show larger relative proportions in cases referred because of retardation, behavior and personality problems. The females show larger proportions in school problems and physical problems. As is to be expected, retardation makes up a smaller proportion in first examinations, 62 per cent as contrasted with 84 per cent in the re-examinations. School problems make up 26 per cent of first examinations and but 10 per cent of re-examinations; behavior problems 1.0 per cent of first examinations and .4 per cent of re-examinations; personality difficulties 1.9 per cent of first examinations and 1.6 per cent of re-examinations; and social problems .4 per cent of first examinations and .6 per cent of re-examinations.

The variety of problems now being presented to the clinic shows the rapidly changing trend in the demands made upon our traveling school clinic. Formerly it was expected that all of our children would be referred to the clinic because of retardation. In fact, that was the primary reason for the creation of the clinics. Now we see that other problems are arising within the public schools and giving the educators serious concern. These, of course, are problems quite apart from retardation, although in some instances there is a combination of retardation and another type of problem. We see now that the clinics are offering a broader and more useful service to the public schools in that they are examining various school and behavior problems which are often the cause of such serious difficulties within the various school systems.

*(c) Age of School Clinic Cases Examined during the Year, 1938, by Sex:
Numbers and Percentages.*

In Table 2 we present the age distribution of all examinations made by the various school clinics during the year 1938. It will be noticed that the substantial numbers start at the chronological age of 5 years with 484 children examined, or 5.9 per cent of the total. Children 6 years of age made up 9.6 per cent. Fewer children were examined in the ages of 7, 8 and 9 years. Children 10 years of age make up 10.8 per cent of the total, and the following three years place even larger percentages, the highest percentage of 11.4 being observed in both the 12 and 13 year groups. There is a steady dropping

TABLE 1. — *Primary Reasons For Cases Being Referred to School Clinics,¹ 1938, All Institutions*

	Sex	Total		Retarda- tion		School Problem		Behavior Problem		Physical Problem		Person- ality Problem		Social Problem		Psychi- atric Problem		Others		Unknown	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
First Examinations	Male	3,891	100.0	2,556	65.6	949	24.3	45	1.1	18	.4	81	2.0	16	.4	—	—	223	5.7	3	.07
	Female	2,026	100.0	1,140	56.2	634	31.2	18	.8	10	.4	35	1.7	13	.6	—	—	173	8.5	3	.1
	Both	5,917	100.0	3,696	62.4	1,583	26.7	63	1.0	28	.4	116	1.9	29	.4	—	—	396	6.6	6	.1
Re-Examinations	Male	1,591	100.0	1,334	83.8	165	10.3	8	.5	6	.3	31	1.9	14	.8	—	—	33	2.0	—	—
	Female	589	100.0	505	85.7	61	10.3	1	.1	5	.8	5	.8	1	.1	1	.1	10	1.6	—	—
	Both	2,180	100.0	1,839	84.3	226	10.3	9	.4	11	.5	36	1.6	15	.6	1	.04	43	1.9	—	—
Total Examinations	Male	5,482	100.0	3,890	70.9	1,114	20.3	53	.9	24	.4	112	2.0	30	.5	—	—	256	4.6	3	.05
	Female	2,615	100.0	1,645	62.9	695	26.5	19	.7	15	.5	40	1.5	14	.5	1	.03	183	6.9	3	.1
	Both	8,097	100.0	5,535	68.3	1,809	22.3	72	.8	39	.4	152	1.8	44	.5	1	.01	439	5.4	6	.07

¹The one outstanding reason is recorded in each case.TABLE 2. — *Age of School Clinic Cases Examined During the Year 1938, By Sex, Numbers and Percentages*

Age		TOTAL		MALE		FEMALE	
		No.	%	No.	%	No.	%
2	Years	1	.01	—	—	1	.03
3	"	1	.01	3	.05	2	.03
4	"	5	.06	234	4.2	250	.07
5	"	484	5.9	454	8.2	327	9.5
6	"	781	9.6	363	6.6	190	12.5
7	"	553	6.8	437	7.9	167	7.2
8	"	604	7.4	508	9.2	215	6.3
9	"	723	8.9	617	11.2	262	8.2
10	"	879	10.8	636	11.6	249	10.0
11	"	885	10.9	654	11.9	271	9.5
12	"	925	11.4	659	12.0	272	10.3
13	"	931	11.4	502	9.1	221	10.4
14	"	723	8.9	312	5.6	138	8.4
15	"	450	5.5	79	1.4	37	5.2
16	"	116	1.4	18	.3	9	1.4
17	"	27	.3	2	.03	3	.3
18	"	4	.0	2	.03	1	.07
19	"	3	.0	1	.01	2	.03
20	"	1	.01	1	.01	—	—
Unknown	"	1	.01	—	—	—	—
Total		8,097	100.0	5,482	100.0	2,615	100.0

TABLE 3. — Intelligence Quotient of 5,917 First Examinations by School Clinics for Year Ended November 30, 1938

CLINIC	Total			0-.69			.70-.79			.80-.89			.90-1.09			1.10 plus			Diagnosis Deferred			Average		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	554	392	162	92	64	28	169	116	53	166	115	51	119	92	27	8	5	3	—	—	—	81	81	80
Boston Psycho. . .	63	38	25	6	3	3	14	6	8	22	14	8	20	14	6	1	—	—	—	—	—	85	87	82
Boston State . . .	61	35	26	8	3	3	28	18	10	14	8	6	11	6	5	—	—	—	—	—	—	79	81	79
Danvers . . .	497	356	141	104	66	38	145	102	43	131	90	41	92	78	14	7	6	1	18	14	4	72	70	76
Foxborough . . .	197	135	62	34	19	15	61	41	20	58	42	16	42	31	11	1	—	—	1	1	—	80	82	78
Gardner . . .	231	142	89	41	23	18	71	38	33	62	42	20	51	33	18	6	—	—	—	—	—	81	83	79
Grafton . . .	1,227	691	536	46	27	19	119	71	48	259	165	94	650	360	290	153	68	85	—	—	—	94	93	96
Medfield . . .	226	150	76	45	26	19	85	51	34	56	42	14	33	26	7	4	3	1	3	2	1	77	77	78
Monson . . .	260	183	77	66	46	20	93	70	23	60	41	19	35	22	13	6	4	2	1	—	—	82	83	81
Northampton . . .	170	115	55	27	17	10	48	31	17	46	30	16	42	32	10	6	4	2	1	—	—	82	80	84
Taunton . . .	632	398	234	136	84	52	168	125	43	135	94	41	161	77	84	32	18	14	6	6	—	77	77	77
Walter E. Fernald . . .	845	581	264	177	115	62	326	234	92	252	168	84	183	111	77	1	1	1	2	2	—	80	80	80
Westborough . . .	86	57	29	18	11	7	20	15	5	27	17	10	18	11	7	5	5	3	2	—	—	78	78	76
Worcester . . .	239	179	60	68	46	22	72	54	18	50	41	9	44	35	9	1	—	—	1	1	—	77	78	74
Wrentham . . .	556	392	164	135	87	48	199	129	70	144	113	31	76	61	15	1	—	—	1	1	—	77	76	78
Div. Ment. Hyg. . .	73	47	26	12	9	3	27	18	9	33	20	13	—	—	—	—	—	—	—	—	—	82	82	83
Total . . .	5,917	3,891	2,026	1,015	646	369	1,645	1,119	526	1,515	1,042	473	1,477	935	542	232	122	110	33	27	6	82	82	83
Per Cent . . .	100.0	100.0	100.0	17.1	16.6	18.2	27.8	28.8	26.0	25.6	26.8	23.3	25.0	24.0	26.8	3.9	3.1	5.4	.6	.7	.3			

TABLE 4. — Intelligence Quotient of 2,180 Re-Examinations by School Clinics for Year Ended November 30, 1938

Clinic	Total			0-.69			.70-.79			.80-.89			.90-1.09			1.10 plus			Diagnosis Deferred			Average		
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Belchertown . . .	249	172	77	83	46	37	84	62	22	58	44	14	22	18	4	2	—	—	—	—	—	74	76	70
Boston Psycho. . .	27	22	5	6	6	—	9	7	2	8	6	3	4	3	1	—	—	—	—	—	—	78	77	84
Boston State . . .	30	19	11	18	10	8	4	4	3	8	5	2	2	—	—	—	—	—	—	—	—	68	69	66
Danvers . . .	287	221	66	102	77	25	93	71	22	59	45	14	28	24	4	1	—	—	4	3	1	74	74	72
Foxborough . . .	155	105	50	55	32	23	58	40	18	28	21	7	14	12	2	1	—	—	—	—	—	73	75	70
Gardner . . .	108	84	24	35	26	9	43	32	11	21	19	2	9	7	2	—	—	—	—	—	—	74	74	72
Grafton . . .	155	103	52	40	25	15	46	34	12	40	26	14	26	17	9	3	1	2	—	—	—	76	77	74
Medfield . . .	109	83	26	61	42	19	25	22	3	17	14	3	6	5	1	—	—	—	—	—	—	69	70	66
Monson . . .	179	133	46	80	52	28	71	55	16	27	25	2	1	1	—	—	—	—	—	—	—	69	71	66
Northampton . . .	126	99	27	50	35	15	45	38	7	22	17	5	7	6	1	—	—	—	2	2	—	72	73	68
Taunton . . .	133	95	38	43	32	11	58	36	22	24	21	3	7	6	1	1	—	—	—	—	—	73	73	73
Walter E. Fernald . . .	268	191	67	102	68	34	101	75	26	48	35	13	11	10	1	—	—	—	6	3	3	70	70	70
Westborough . . .	55	40	15	30	21	9	11	8	3	8	7	1	5	3	2	—	—	—	1	1	—	70	70	70
Worcester . . .	124	91	33	50	35	15	45	34	11	19	14	5	9	8	1	—	—	—	—	—	—	72	72	71
Wrentham . . .	174	132	42	77	50	27	62	47	15	31	31	—	4	4	—	—	—	—	—	—	—	85	85	—
Div. Ment. Hyg. . .	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Total . . .	2180	1591	589	832	557	275	755	565	190	419	331	88	153	125	28	8	4	4	13	9	4	73	73	70
Per Cent . . .	100.0	100.0	100.0	38.2	35.0	46.7	34.6	35.5	32.2	19.2	20.8	14.9	7.0	7.8	4.8	.4	.3	.7	.6	.6	.7			

off at that point in numbers, with children 16 years of age making up 1.4 per cent of the total. In the sexes we note that the highest percentage for the males, that of 12.0 per cent, occurs in boys aged 13 years. In the females the high figure of 12.5 per cent is noted in girls aged 6 years. It is of interest that in the early examinations at the age of 5, 6 or 7 years the females show much higher percentages than the males. However, in all ages from 8 to 15 years the males show higher percentages than the females.

(d) *Intellectual Status of First Examinations, 1938*

Table 3 records the intellectual status of first examinations, outlining the distribution of intelligence quotient groups. In interpreting this table it must be recalled that the decisions are not based upon the mental tests alone. The psychiatrist bases his decision on facts resulting from a very complete survey of the child's history and life. This gives a diagnosis which is the result of an accurate evaluating of the personality, the mental and physical characteristics, and the environmental factors. It gives a diagnosis based on the child's reaction to his educational and home environments rather than one based solely upon arbitrary mental tests.

The first examinations present interesting sex differences. Of the total first examinations of boys, 16.6 per cent were diagnosed as mentally defective (I.Q. 0-69), while 18.2 per cent of the girls fell in this grouping. However, it will be noted that in the borderline and dull groups the males presented higher proportions than the females. Higher proportions of females are being diagnosed as mentally defective, normal and superior. The average I.Q. for both sexes was .82.

In .6 per cent of first examinations the diagnosis was deferred. It has been a definite policy of all clinic psychiatrists to defer the diagnosis in doubtful cases. If the psychiatrist doubts the mental status of the child, he defers his diagnosis and requests that the child return for another examination on the next visit of the clinic.

(e) *Intellectual Status of Re-Examinations, 1938*

Table 4 records the intellectual status of all re-examinations, divided into intelligence quotient groups. When the clinics return to the schools for their next visit, the superintendents assemble the cases in which various factors suggest re-examination.

While the material is not presented in this table, it is interesting to observe the disappearance of conduct disorders when children have been placed in a special class. Children having had a great deal of difficulty in the regular classes show a very favorable reaction when placed in classes suited to their respective mental ages. School superintendents have repeatedly told of complete changes in the behavior patterns of children following the placement of the child in a special class. Many of the conduct disorders of these children disappear when they are no longer subjected to the strains and stresses of regular class work in competition with children of higher intelligence.

Noticeable sex differences are observed in Table 4. Of the total re-examinations of boys, 35.0 per cent were diagnosed as mentally defective (I.Q. 0-69), while 46.7 per cent of the girls fell in this grouping. That is, relatively larger proportions of girls were diagnosed as feeble-minded among the re-examinations than was noted in the first examinations. However, in the borderline, dull and average groups the males present higher proportions. These percentage distributions are reflected in the average intelligence quotient. The average I.Q. of boys re-examined was .73, while that of the girls was .70.

(f) *Personnel of Clinics, 1938, by Institutions*

Table 5 gives the names of the psychiatrists, psychologists and social workers going to make up the staff of the various traveling clinics which were in operation during the year 1938. At this point the Director wishes to express the appreciation of the Department for the fine type of work carried on by the traveling clinics during the year just ended. Few people appreciate the difficulties which face the members of these clinics in going into the various public schools of the State and conducting the required examinations. It is due to the efforts of this group that there has been a complete change in attitude on the part of school officials since the initiation of the traveling school clinic system on a state-wide basis in the year 1921. School superintendents were very dubious of the new venture at that time, and were not in the least hesitant to express their views. However, in response to tactful handling and the carrying out of difficult assignments by the clinics, the various school superintendents, school boards and boards of selectmen have changed their attitude completely, and have come to a real appreciation of the importance of the clinic work in the diagnosis, placement and treatment of retarded and backward children.

TABLE 5. — *Personnel of Traveling School Clinics, by Institution, for Year Ended November 30, 1938*

INSTITUTION	PSYCHIATRIST IN CHARGE	PSYCHOLOGIST OR PSYCHOMETRIST	SOCIAL WORKER
Belchertown	Herbert L. Flynn, M.D.	Catherine A. Burnham	Dorothy I. Peeso
Boston Psychopathic	Mary Palmer, M.D.	Rosemary Mehan	—
Boston State	Margaret R. Simpson, M.D.	Edith B. James	Rose Long
Danvers	Doris M. Sidwell, M.D.	Ruth Lambert	—
	Flora M. Remillard, M.D.	Elaine Kelleher	
		Norma Monroe	
		Mildred Von der Sump	
Foxborough	Mary Hammond, M.D.	Josephine Tinsley	Cecilia R. O'Rourke
		Lillian F. Shapiro	
Gardner	Janet S. Barnes, M.D.	Harriett W. Carter	—
Grafton	Anna C. Wellington, M.D.	Beatrice N. Wolfson	—
Medfield	Grace T. Cragg, M.D.	Emaline L. Kelly	Dorothy Parkhurst
	Erel L. Guidone, M.D.	Esther Poutas	Esther Odell
Monson	Calvert Stein, M.D.	Dorothy Roche	Lula P. Hayes
	Florence A. Beaulieu, M.D.		Ruth Holmes
Northampton	Elizabeth Kundert, M.D.	Maryalys Parker	Caroline Wright
Taunton	Olga E. Steinecke, M.D.	Bettina Everett	Mary Lynch
Walter E. Fernald	Esther S. B. Woodward, M.D.	Eleanor E. Hobbie	Mrs. Eda W. Anderson
Westborough	Betsy Coffin, M.D.	Adelaide Proctor	Dorothy F. Smith
			Annie Heal
			Faith E. Page
			E. M. Burnell & Staff
Worcester	Lonnie O. Farrar, M.D.	David Shakow & Staff	—
Wrentham	Charlotte A. Mitchell, M.D.	Dorothy R. McLellan	

Some of the officials who bitterly opposed the clinics and the formation of the necessary special classes have completely changed their attitude and have become the stoutest supporters of the special class movement. Many have been good enough to express their appreciation of the work being done by the clinics, and both the Department and the clinic personnel are very grateful for their various voluntary expressions of commendation. Our clinics have taken on a rather grave responsibility in making a diagnosis and rendering advice in reference to the retarded or mentally defective child. Many trying problems have been met in a way which has earned the commendation of all concerned. Our traveling school clinics are doing some of the most valuable extra-mural work that is being carried on in connection with our state mental hospitals and state schools. Being a traveling unit, they have to meet many difficult situations not confronted by any other type of clinic. Here the child has not been brought to the clinic by the parents, but has been sent in for examination by the school officials. Under these circumstances it is sometimes difficult to explain to the parents the retardation which is very evident to the personnel of the public schools. The clinic groups are now carrying psychiatry to the public schools all over the State, thus making available to even the rural areas a psychiatric service that is of unquestioned value to the community.

The various clinics report annually to the Department the cost of operation during the year. These costs include salaries, maintenance, expenses in the field, traveling expenses, supplies, etc. The average cost of each examination for the year 1938 was found to be \$5.54. The total cost for fifteen clinics in conducting 8,097 examinations was \$44,865.34.

TABLE 6. — *Percentage Distribution of Intelligence Quotient Groupings of School Clinic First Examinations, 1938, by Sex*
First Examinations

	Total	0- .69	.70- .79	.80- .89	.90-1.09	1.10 plus	Diagnosis Deferred	Average
Male	100.0	16.6	28.8	26.8	24.0	3.1	.7	.82
Female	100.0	18.2	26.0	23.3	26.8	5.4	.3	.83
Both Sexes	100.0	17.1	27.8	25.6	25.0	3.9	.6	.82
<i>Re-Examinations</i>								
Male	100.0	35.0	35.5	20.8	7.8	.3	.6	.73
Female	100.0	46.7	32.2	14.9	4.8	.7	.7	.70
Both Sexes	100.0	38.2	34.6	19.2	7.0	.4	.6	.73

(g) *Comparison between Intellectual Status of School Clinic
First Examinations and Re-Examinations, 1938*

Table 6 shows the percentage comparisons between the I.Q. distributions of the first examinations and re-examinations. We note distinct differences. In the first examinations 17.1 per cent of the group were mentally defective, while in the re-examinations 38.2 per cent fell in this classification. We also note that the re-examinations present smaller percentages in most of the higher mental classifications. The average intelligence quotient of first examinations was .82, and that for re-examinations was .73 for both sexes.

Within both groups we see a larger number of females in the mentally defective classification. Among the first examinations the percentages feeble-minded are 16.6 for males and 18.2 for females; in the re-examinations much greater differences are observed with 35.0 per cent for the males and 46.7 per cent for the females. We expect the lower grade cases to return for re-examination, but here we note that the females return in decidedly larger proportions than the males.

(h) *Comparison between Intellectual Status of School Clinic
First Examinations and Re-Examinations, 1928-1938.*

Table 7 presents the percentage distributions of intelligence groupings in first and re-examinations for the years 1928-1938, inclusive. While it is dangerous to generalize, we note that there appears to be an upward trend in the intelligence of cases coming up for first examinations from 1928 to 1938. The increase in average I.Q. to .79 for 1933 as compared with .74 for 1932 is to be expected inasmuch as problem children as well as retarded children were being referred for examination. The average I.Q. of these first examinations increased from .69 in 1928 to .82 in 1938. We note also that the 43.8 per cent of mental defectives in 1928 decreased to 17.1 per cent mentally defective in 1938.

Even in the re-examinations the intelligence quotients have increased. In 1928 the average I.Q. of children re-examined was .66, and this increased to .73 in 1938. In 1928, 54.8 per cent of children re-examined were mentally defective. In 1938 only 38.2 per cent were mentally defective. These figures demonstrate the expansion of the service rendered by the traveling school clinic, and point out that each year larger numbers of conduct and behavior problems are contributing to retardation than have been observed in previous years.

(j) *First Examinations, Re-Examinations, and Subsequent Recommendations of
Psychiatrists, School Clinic Examinations, 1938, by Place of Residence and Sex.*

Table 8 reveals that a total of 8,097 examinations were conducted by all clinics during the year 1938. Of these, 5,917 or 73.1 per cent were first examinations and 2,180 or 26.9 per cent were re-examinations. The sex difference is noticeable in that 5,482 or 67.7 per cent of all examinations were males and 2,615 or 32.3 per cent were females.

Of all examinations 2,389 or 29.5 per cent were recommended for special classes: 30.1 per cent of the males and 28.3 per cent of the females. Four hundred twenty-six or 5.3 per cent of the total were recommended for placement within a state school: 4.7 per cent of the males and 6.4 per cent of the females. Those recommended for social supervision numbered 772 — 9.5 per cent of the total, and 1,087 or 13.4 per cent of cases were in need of coaching in special subjects. *A total of 2,389 children were recommended for special class care in Massachusetts during a single school year.* As the total in special classes in the towns having first examinations during 1938 is now 5,155, we can see the great need for additional special class provision.

Several interesting sex differences are demonstrated in Table 8. In the total children coming up for examination the boys outnumber the girls in a 2:1 ratio. In the first examinations the ratio is 1.9:1. In the re-examinations the boys show a decidedly higher proportion, with a 2.7:1 ratio. In the total number recommended for special class the males again present the 2:1 ratio. However, in cases recommended for placement in a state school the boys make a better showing, the ratio dropping to 1.5:1. Again, in the recommendations for social supervision and coaching in special subjects the boys show a larger proportion, with ratios of 2:1 and 2.8:1, respectively. Conduct in boys plus mental retardation has been suggested as the reason for the larger numbers being referred for examination in the observed 2:1 ratio. However, the relatively smaller proportion of boys recommended for admission to state schools interferes with the acceptance of conduct as the deciding factor. This situation turns us to a consideration of other factors. We may assume that the environmental and social stresses are practically the same for both sexes. With conduct and environment ruled out of considera-

tion we are forced to turn to other possibilities. Is there some factor in the personality or adaptability of males rendering difficult their adjustment to the present school curriculum? It is possible, of course, that the present curriculum or scheme of school administration may be better suited to the needs of girls than boys. Whatever the cause, the boys find it much more difficult to adjust to that life period spent in the public schools and become retarded in their school work in approximately a 2:1 ratio as compared with the girls.

TABLE 7. — *Intellectual Status of School Clinic First and Re-Examinations for the Years 1928-1938*

First Examinations

	Total	0-.69	.70-.79	.80-.89	.90-1.09	1.10 plus	Diagnosis Deferred	Average
1928 Number .	4,916	2,150	1,206	769	327	16	448	
Per cent .	100.0	43.8	24.5	15.6	6.6	.3	9.1	.69
1929 Number .	4,923	1,772	1,437	722	407	34	551	
Per cent .	100.0	35.9	29.1	14.6	8.2	.6	11.1	.73
1930 Number .	5,224	2,025	1,569	799	362	23	446	
Per cent .	100.0	38.7	30.0	15.2	6.9	.4	8.5	.72
1931 Number .	5,015	1,610	1,536	960	371	16	522	
Per cent .	100.0	32.1	30.6	19.2	7.4	.3	10.4	.73
1932 Number .	4,461	1,377	1,336	928	395	19	406	
Per cent .	100.0	30.9	29.9	20.8	8.9	.4	9.1	.74
1933 Number .	6,569	1,571	1,609	1,365	1,209	180	635	
Per cent .	100.0	23.9	24.5	20.8	18.4	2.7	9.7	.79
1934 Number .	6,445	1,459	1,563	1,303	1,177	153	790	
Per cent .	100.0	22.6	24.2	20.2	18.3	2.4	12.3	.79
1935 Number .	6,636	1,371	1,893	1,688	1,446	182	56	
Per cent .	100.0	20.7	28.5	25.4	21.8	2.7	.9	.81
1936 Number .	6,468	1,372	1,872	1,535	1,362	285	42	
Per cent .	100.0	21.2	28.9	23.7	21.1	4.4	.7	.81
1937 Number .	6,266	1,191	1,714	1,526	1,506	273	56	
Per cent .	100.0	19.0	27.3	24.4	24.0	4.4	.9	.82
1938 Number .	5,917	1,015	1,645	1,515	1,477	232	33	
Per cent .	100.0	17.1	27.8	25.6	25.0	3.9	.6	.82

Re-Examinations

1928 Number .	1,370	746	357	158	56	2	51	
Per cent .	100.0	54.8	26.1	11.5	4.0	.1	3.8	.66
1929 Number .	1,336	624	367	179	70	8	88	
Per cent .	100.0	46.7	27.4	13.3	5.2	.5	6.5	.70
1930 Number .	1,303	648	390	165	48	1	51	
Per cent .	100.0	49.7	29.9	12.6	3.6	.07	3.9	.69
1931 Number .	1,424	664	430	208	38	1	83	
Per cent .	100.0	46.7	30.2	14.6	2.7	.07	5.8	.69
1932 Number .	1,618	734	539	201	53	—	91	
Per cent .	100.0	45.4	33.3	12.4	3.3	—	5.6	.69
1933 Number .	2,087	973	588	290	97	3	136	
Per cent .	100.0	46.6	28.2	13.9	4.7	.1	6.5	.70
1934 Number .	1,792	725	539	234	83	3	208	
Per cent .	100.0	40.4	30.1	13.1	4.6	.2	11.6	.70
1935 Number .	2,087	787	695	425	166	6	8	
Per cent .	100.0	37.7	33.3	20.4	7.9	.3	.4	.73
1936 Number .	1,918	763	630	350	143	17	15	
Per cent .	100.0	39.8	32.8	18.2	7.5	.9	.8	.73
1937 Number .	2,039	743	653	438	173	13	19	
Per cent .	100.0	36.4	32.0	21.5	8.5	.6	1.0	.74
1938 Number .	2,180	832	755	419	153	8	13	
Per cent .	100.0	38.2	34.6	19.2	7.0	.4	.6	.73

(k) *Total Examinations, 1926-1938, by Clinic*

Table 9 outlines the total number of examinations conducted by the clinics at the various institutions for the years 1926-1938, inclusive. In considering these last thirteen years of operation, we notice that the greatest number of examinations was done by the Walter E. Fernald State School Clinic, a total of 17,259 cases for the thirteen years. The clinic of the Wrentham State School is second with 10,312 examinations; the clinic of the Grafton State Hospital is third with a total of 10,286 examinations during this period; Northampton is fourth, with 7,662 cases; Foxborough State Hospital is fifth, with 5,855 examinations; and Belchertown State School is sixth with 5,796 examinations. The foregoing clinics are to be particularly commended for their activities, inasmuch as they have had a difficult task in molding public opinion, and have done outstanding work in the territories assigned to them.

In comparing the number of examinations for the two years 1937 and 1938 we notice increases for the following clinics: Belchertown, Boston Psychopathic, Danvers, Walter E. Fernald, Westborough, Worcester and Wrentham.

(l) *Total Towns Examined, 1926-1938*

Table 10 gives the number of towns in which clinics were conducted during 1938. Between 1926 and 1938 the total number of towns in which examinations were held increased from 113 to 247, the largest number of towns being examined during 1935. The state-wide nature of the school clinic examining plan is clearly outlined in this figure. In 1937 the clinics were visiting 63 per cent of the 355 cities, towns and villages of the Commonwealth. Some of the smaller towns and villages do not require a clinic visit each year, so that the total towns already served by these clinics would present a much higher figure. If these figures were presented on a population basis, we would find that the proportion would be smaller. This is due to the fact that the large cities of Boston, Springfield and several others are not served by our clinics. However, one of the greatest values of the system has arisen from the fact that the smaller towns are rendered a type of service which would be practically unobtainable otherwise.

Many inquiries from other states directed to this Division in reference to the school clinic system reveal that the need for the examination of retarded or problem children in rural districts is a major problem in most states of the Union. They find no difficulty in providing a psychiatric service for the larger cities. However, the smaller communities feel keenly the need for a psychiatric service, particularly in reference to the many problems of retardation in school children. The traveling psychiatric unit as developed in Massachusetts appears to be a very satisfactory answer to these questions.

II. INCIDENCE OF RETARDATION, 1938

Table 11 presents a summary of facts in connection with 249 towns in which first examinations were held by one of our clinics during the year 1938. It presents the school population in the grammar grades; the number of special classes; the number of children in special classes; the number of first examinations by school clinics; the percentage of school population (a) in special classes, (b) referred to psychiatric clinics, (c) diagnosed as mentally defective, and (d) diagnosed as retarded; for each town concerned, during the year 1938. As first examinations only are included, we may consider that the material demonstrates, to a certain extent, the average rates for new cases of retardation occurring during the year.

The school population served by these clinics during a single year amounted to a total of 313,078 children. Of the total of 249 cities, towns and villages having a first examination, 124 were maintaining a total of 333 special classes, or one special class to approximately every 940 children of the total grammar school population of the towns examined. One hundred twenty-five smaller communities with a total population of 36,026 children were not maintaining special classes. While 50 per cent of the communities examined were not maintaining special classes, we observed that 88 per cent of the total school population had special class provision. This demonstrates that the special classes have been established in adequate numbers in the larger school systems. The schools failing to establish special classes are the ones having smaller numbers of pupils enrolled, or the smaller communities. This is to be expected, as the smaller schools have many difficulties, financial and otherwise, which interfere with the establishment of special classes. In column 10 we observe that the percentage of the total school population referred for retardation during 1938 for the entire group was 1.88 per cent. However, in the towns having no special classes the percentage of the school population referred as retarded for 1938 was 3.18 per cent.

TABLE 8. — *First Examinations, Re-Examinations and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1938, by Place of Residence and Sex — Continued*

CITY OR TOWN	Institution Traveling School Clinic	FIRST EXAMINATIONS		RE-EXAMINATIONS		RECOMMENDATIONS						Coach Special Subjects		Other Recommendations				
		T. M. F.		T. M. F.		For Institutional Care*		For Special Class		For Social Supervision		T. M. F.		T. M. F.				
		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.		
Greenfield	Bel.	23	20	3	41	31	10	2	2	—	2	1	1	1	1	27	21	6
Groton	Graf.	38	22	16	3	1	2	—	4	2	2	—	—	—	—	36	20	16
Hadley	Bel.	17	11	6	5	4	1	—	9	5	4	3	—	3	—	2	2	—
Hamilton	Dan.	12	9	3	1	1	1	1	4	1	3	2	1	1	—	5	5	—
Hamden	Bel.	12	10	2	9	6	3	—	5	3	1	1	—	3	—	1	1	—
Hardwick	Gard.	2	—	2	—	—	—	—	1	3	1	—	—	—	—	—	—	—
Harvard	Graf.	29	17	12	2	2	3	1	9	5	4	4	2	2	—	28	16	12
Hatfield	Bel.	6	2	4	9	6	—	1	2	1	1	—	—	—	—	7	6	1
Haverhill	Dan.	9	7	2	—	—	—	—	1	—	—	—	—	—	—	3	1	2
Hawley	North.	3	1	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Heath	Gard.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	7	4	3
Hingham	Graf.	95	56	39	5	2	3	1	12	9	3	3	2	1	—	77	43	34
Hinsdale	North.	2	2	—	4	2	2	—	—	—	—	—	—	—	—	6	4	2
Holbrook	Taun.	3	3	—	—	—	—	—	1	1	—	—	—	—	—	2	2	—
Holden	Wor.	2	2	—	11	9	2	—	3	1	1	—	—	—	—	2	6	1
Holyoke	Bel.	155	105	50	4	4	1	6	37	19	18	5	3	2	—	7	24	3
Hopkinton	Wor.	14	9	5	1	1	1	—	3	1	2	1	1	1	—	27	26	2
Hopkinton	Graf.	84	47	37	16	12	4	—	9	7	2	3	2	1	—	80	51	39
Hudson	Fox.	10	8	2	7	4	3	—	3	2	2	2	—	2	—	10	9	1
Hull	Bel.	12	7	5	6	6	—	—	1	1	—	—	—	—	—	12	10	2
Huntington	Bel.	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	1	—
Ipswich	Dan.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lancaster	Graf.	10	7	3	1	1	—	—	2	1	1	—	—	—	—	3	2	1
Lawrence	Dan.	45	32	13	2	2	—	—	20	15	5	1	5	1	—	6	5	1
Lee	North.	39	29	10	26	23	3	3	10	9	1	4	2	1	—	5	4	1
Leicester	Wor.	9	5	4	15	10	5	2	14	8	6	1	1	1	—	42	34	8
Leominster	Graf.	167	99	68	40	32	8	3	33	16	17	4	2	3	—	159	105	54
Leverett	Gard.	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lexington	Graf.	238	125	113	27	15	12	—	10	8	2	3	3	1	—	—	122	115
Lincoln	Graf.	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lincoln	Graf.	44	29	15	4	4	—	—	1	3	2	1	1	—	—	9	9	1
Lowell	Dan.	6	5	1	—	—	—	—	3	2	1	—	—	—	—	34	25	9
Ludlow	Mon.	48	25	23	18	12	6	4	1	1	1	1	1	—	5	4	1	
Lunenburg	Gard.	5	4	1	5	4	1	—	2	2	2	4	1	—	—	44	24	20
Lynn	W.E.F.	30	21	9	8	3	5	1	21	15	6	2	1	—	—	4	4	3
Lynnfield	Dan.	12	7	5	—	—	—	—	3	1	4	3	7	4	—	5	1	1

Manchester	Dan.	8	4	4	9	7	2	1	1	1	2	2	3	1	5	7	12	3	3	3	2	1
Mansfield	Fox.	2	17	2	23	1	6	3	1	1	3	17	1	10	1	1	1	12	12	12	10	2
Marblehead	Dan.	20	37	27	9	17	3	3	3	3	5	4	5	31	4	1	1	54	54	32	10	1
Marion	Taun.	64	47	25	9	16	9	4	4	4	21	21	16	23	4	1	4	45	45	32	10	2
Marlborough	Taun.	72	47	25	9	16	9	4	4	4	21	21	16	23	4	1	4	45	45	32	10	2
Massapee	Taun.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Matapoisett	Taun.	16	12	16	16	4	2	2	2	2	8	5	3	10	2	2	2	12	12	10	10	2
Maynard	Graf.	35	19	3	2	5	3	3	3	3	7	5	2	18	2	2	2	34	34	18	16	16
Medford	Med.	5	19	3	2	5	3	3	3	3	7	5	2	18	2	2	2	34	34	18	16	16
Medway	Med.	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2
Merrimac	Dan.	8	7	1	10	9	1	1	1	1	9	9	1	10	2	2	2	5	5	4	4	1
Methuen	Dan.	3	1	2	6	4	2	1	1	1	8	8	6	14	2	2	2	2	2	2	2	1
Middleborough	Taun.	13	8	5	10	3	2	1	1	1	15	15	4	19	5	4	1	17	17	11	11	6
Middleton	W.E.F.	1	1	20	10	8	2	1	1	1	8	8	6	14	2	2	2	2	2	2	2	1
Milford	Wren.	48	28	5	4	4	4	4	4	4	4	4	4	4	4	4	4	10	10	8	8	2
Milbury	Wor.	13	11	2	4	4	4	4	4	4	4	4	4	4	4	4	4	10	10	8	8	4
Millis	Med.	13	11	2	4	4	4	4	4	4	4	4	4	4	4	4	4	10	10	8	8	4
Milton	Fox.	2	1	1	10	5	1	1	1	1	1	1	1	1	1	1	1	12	12	8	8	4
Montague	Gard.	21	12	9	2	2	1	1	1	1	1	1	1	1	1	1	1	3	3	1	1	1
Monterey	North.	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	3	3	1	1	1
Nantucket	Taun.	4	4	4	4	4	10	4	4	4	3	3	3	3	3	2	2	13	13	5	5	5
Natick	Graf.	92	61	31	14	4	3	4	4	4	6	6	6	6	6	6	6	75	75	49	49	26
Needham	Fox.	15	13	2	9	6	5	3	3	3	33	24	9	1	1	1	1	10	10	8	8	2
New Bedford	W.E.F.	48	36	12	11	6	7	8	5	3	4	2	2	2	2	2	2	7	7	4	4	3
Newbury	Dan.	8	4	4	4	4	1	1	1	1	4	2	2	2	2	2	2	10	10	10	10	2
Newburyport	Dan.	23	17	6	26	18	8	8	3	5	21	14	7	6	4	4	4	10	10	10	10	2
New Salem	Gard.	11	5	6	1	1	1	1	1	1	3	3	3	3	3	3	3	4	4	4	4	2
Newton	West.	1	1	1	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Norfolk	Med.	4	2	2	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
North Adams	North.	34	20	14	16	14	2	2	2	2	4	10	3	5	2	2	2	35	35	26	26	1
Northampton	Bel.	35	24	11	42	27	15	10	5	5	17	7	2	2	2	2	2	10	10	13	13	4
North Andover	Dan.	15	10	5	4	4	4	4	4	4	9	9	9	9	9	9	9	1	1	4	4	1
North Attleborough	Wren.	7	6	1	4	4	4	4	4	4	10	10	1	1	1	1	1	2	2	2	2	1
Northborough	Wor.	8	6	2	9	9	4	4	4	4	9	9	1	1	1	1	1	4	4	3	3	1
Northbridge	Graf.	43	18	25	1	1	1	1	1	1	1	1	1	1	1	1	1	43	43	18	18	25
Northfield	North.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
North Reading	Psycho.	31	21	10	13	12	1	1	1	1	3	3	3	3	3	3	3	26	26	8	8	6
Northwood	Fox.	4	2	2	1	1	2	1	1	1	3	2	2	2	2	2	2	1	1	1	1	4
Norton	Fox.	10	6	4	5	3	2	1	1	1	3	2	2	2	2	2	2	8	8	4	4	4
Oak Bluffs	Taun.	16	11	5	3	1	2	2	2	2	4	2	2	2	2	2	2	15	15	10	10	5
Orange	Gard.	16	11	5	22	17	5	1	1	1	12	6	6	6	6	6	6	12	12	10	10	2
Oxford	Wor.	6	4	2	7	7	7	2	2	2	9	7	2	2	2	2	2	10	10	10	10	2
Palmer	Mon.	36	26	10	23	18	5	5	5	5	25	19	6	7	5	7	12	21	21	17	17	4
Paxton	Wor.	1	1	1	33	24	9	9	9	9	56	37	19	19	5	17	12	1	1	1	1	4
Peabody	Dan.	83	60	23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5
Petersham	Gard.	109	77	32	14	9	5	5	5	5	36	27	9	9	1	57	32	17	17	12	12	5
Pittsfield	Bel.	3	3	3	5	5	5	5	5	5	27	4	4	4	1	1	1	10	10	8	8	2
Plainfield	Bel.	3	3	3	5	5	5	5	5	5	27	4	4	4	1	1	1	10	10	8	8	2

TABLE 8. — *First Examinations, Re-Examinations and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1938, by Place of Residence and Sex — Continued*

CITY OR TOWN	Institution Traveling School Clinic	FIRST EXAMINATIONS		RE-EXAMINATIONS		RECOMMENDATIONS											
		T. M. F.		T. M. F.		For Institutional Care*		For Special Class		For Social Supervision		Coach Special Subjects		Other Recommendations		T.	F.
		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.		
Plainville	Fox.	1	—	1	1	1	1	—	—	—	—	1	1	—	—	10	8
Plymouth	Wren.	30	21	9	15	10	5	20	12	8	—	14	11	3	—	3	3
Princeton	Wor.	5	4	1	5	4	1	1	1	4	—	7	6	1	—	2	2
Provincetown	Wren.	14	9	5	—	—	—	9	5	—	—	—	—	—	—	2	—
Quincy	Wren.	119	73	46	24	18	6	43	31	12	2	26	16	10	—	69	41
Randolph	Taun.	10	9	1	—	—	—	—	—	—	—	1	1	—	—	5	5
Raynham	Taun.	12	8	4	1	1	—	11	7	4	—	—	—	—	—	2	2
Reading	Psycho.	33	18	15	14	10	4	17	1	6	1	11	9	2	—	26	15
Rehoboth	Taun.	17	16	1	6	5	1	16	14	2	—	1	1	—	—	6	6
Revere	W.E.F.	87	63	24	26	16	10	74	49	25	30	1	1	—	—	2	2
Rockester	Taun.	7	5	2	—	—	—	5	4	1	—	—	—	—	—	2	1
Rockland	Taun.	—	2	2	2	2	—	5	3	2	—	—	—	—	—	2	2
Rockport	Taun.	5	4	1	12	9	3	4	3	1	2	4	3	1	—	7	7
Rowe	North.	1	1	1	1	1	—	—	—	—	—	—	—	—	—	2	1
Royalston	Gard.	1	1	—	1	1	—	1	1	—	—	1	1	—	—	2	1
Russell	North.	13	9	4	10	8	2	6	5	1	—	6	4	2	—	10	8
Salem	W.E.F.	65	49	16	11	6	5	44	31	13	12	1	1	—	—	13	12
Salisbury	Dan.	11	8	3	13	9	4	4	2	2	6	6	6	—	—	7	5
Sandwich	Taun.	3	1	2	—	—	—	3	1	2	4	3	3	—	—	7	2
Saugus	Dan.	10	8	2	22	20	2	16	15	1	3	—	—	—	—	7	6
Scituate	Taun.	13	8	5	—	—	—	5	5	—	2	—	—	—	—	—	—
Seekonk	Taun.	84	40	44	7	5	2	8	5	3	—	1	1	—	—	86	42
Sheffield	North.	5	5	4	16	9	7	1	1	2	1	1	1	—	—	13	9
Shelburne	North.	8	4	4	2	2	—	1	—	—	—	1	1	—	—	5	5
Shirley	Wor.	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Shrewsbury	Wor.	3	3	—	3	1	2	1	1	—	2	—	—	—	—	3	3
Somerset	W.E.F.	13	11	2	10	9	1	15	13	2	5	—	—	—	—	1	1
Southampton	Bel.	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Southborough	Wor.	3	2	—	1	1	—	3	2	1	—	—	—	—	—	1	1
Southbridge	Wor.	54	38	16	42	31	11	17	13	4	—	9	7	2	—	67	46
South Hadley	Bel.	26	13	13	9	5	4	1	9	3	6	25	15	10	—	1	21
Spencer	Wor.	23	14	9	9	5	—	18	14	4	—	3	3	3	—	1	—
Spencer	Wor.	8	7	1	4	3	1	4	4	1	1	1	1	1	—	6	4
Sterling	North.	12	9	1	10	6	4	4	3	1	—	3	2	1	—	14	10
Stockbridge	North.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	20
Stoneham	Med.	23	16	7	32	22	10	3	2	1	4	18	14	4	—	14	9

TABLE 8. — *First Examinations, Re-Examinations and Subsequent Recommendations of Psychiatrists, School Clinic Examinations, 1938, by Place of Residence and Sex — Concluded*

CITY OR TOWN	Institution Traveling School Clinic	FIRST EXAMINATIONS			RE-EXAMINATIONS			RECOMMENDATIONS														
								For Institutional Care#			For Special Class			For Social Supervision			Coach Special Subjects			Other Recommendations		
		T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Windsor .	Bel.	2	2	—	1	—	1	—	—	—	—	—	—	—	—	3	2	1	—	—	—	—
Windsor .	Winthrop	11	9	2	8	7	1	1	—	2	2	—	—	—	—	3	3	—	—	13	11	2
Woburn .	Med.	21	17	4	37	29	8	6	4	2	6	4	10	7	3	8	7	1	—	24	22	2
Worcester .	W.E.F.	323	205	118	107	74	33	25	15	10	223	140	83	175	121	54	1	1	—	6	2	4
Worthington	Bel.	2	2	—	3	3	—	2	2	—	2	2	—	—	—	—	1	1	—	—	—	—
Wrentham .	Fox.	2	1	1	9	8	1	—	—	—	6	6	—	—	—	—	1	1	—	4	2	2
Yarmouth .	Taun.	13	11	2	—	—	—	—	—	—	10	8	2	—	—	—	2	2	—	1	1	—
Total .		5,917	3,891	2,026	2,180	1,591	598	426	259	167	2,389	1,650	739	772	515	257	1,087	801	286	3,423	2,257	1,166
Per Cent .		73.1	71.0	77.5	26.9	29.0	22.5	5.3	4.7	6.4	29.5	30.1	28.3	9.5	9.4	9.8	13.4	14.6	10.9	42.3	41.2	44.6

*Children recommended for institutional care are usually kept in special classes until their admission can be arranged.

TABLE 9. — *Total School Clinic Examinations Conducted for the Years 1926-1938*

CLINIC	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Belchertown	—	—	251	114	474	522	401	846	544	736	578	527	803
Boston Psychopathic	271	121	141	130	81	126	113	200	57	104	93	79	90
Boston State	355	527	441	502	454	397	410	527	439	398	426	307	91
Danvers	162	132	176	255	338	343	324	425	433	646	717	640	784
Foxborough	300	431	303	485	375	445	515	612	642	549	472	374	352
Gardner	122	58	125	164	107	125	261	343	318	282	492	539	339
Grafton	66	—	343	327	240	384	295	1,369	1,556	1,611	1,311	1,402	1,382
Medfield	70	298	510	419	239	322	360	234	341	324	351	413	335
Monson	384	398	225	395	494	439	304	514	398	525	461	495	439
Northampton	708	876	1,000	581	769	523	443	697	582	447	305	435	296
Taunton	90	230	360	292	324	353	309	335	339	522	676	778	765
Walter E. Fernald	1,411	1,413	1,492	1,518	1,602	1,438	1,355	1,284	1,166	1,208	1,172	1,087	1,113
Westborough	—	26	85	—	34	78	117	78	71	80	89	124	141
Worcester	110	402	197	300	114	37	265	293	371	265	248	310	363
Wrentham	603	726	637	777	882	907	607	899	980	951	906	707	730
Div. Mental Hygiene	—	—	—	—	—	—	—	—	—	75	89	88	74
Total	4,652	5,638	6,286	6,259	6,527	6,439	6,079	8,656	8,237	8,723	8,386	8,305	8,097

TABLE 10. — *Number of Towns in Which School Clinics were Conducted, 1926-1938*

CLINIC	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Belchertown	—	—	4	4	4	7	6	26	20	23	21	19	30
Boston Psychopathic	1	1	1	1	1	1	1	2	2	2	4	2	2
Boston State	2	3	2	2	2	2	2	2	2	3	2	2	1
Danvers	7	9	7	15	15	9	10	18	13	29	26	30	26
Foxborough	7	13	14	12	13	15	16	17	21	22	20	17	18
Gardner	11	9	12	8	13	9	9	12	19	17	15	15	19
Grafton	2	—	10	11	10	17	11	20	18	18	18	20	18
Medfield	2	5	7	7	2	7	10	10	10	12	7	5	9
Monson	4	4	3	4	3	6	6	7	7	7	7	7	6
Northampton	40	34	36	28	6	18	20	18	24	19	13	18	14
Taunton	4	19	15	17	15	20	16	20	25	34	34	38	33
Walter E. Fernald	18	25	24	24	26	24	20	18	21	16	13	11	12
Westborough	—	1	3	—	1	2	4	3	4	5	3	4	3
Worcester	5	26	7	24	15	4	25	21	31	27	22	21	27
Wrentham	10	13	11	11	13	13	10	12	15	13	13	15	14
Total	113	162	156	168	139	154	166	206	232	247	218	224	232

One hundred twenty-four towns maintaining 333 special classes accommodated 5,155 children in these classes, an average of 15 children per class. Comparing this total of 5,155 children in special classes with the total school population of 277,052, we note that 1.64 per cent were in special classes during the year 1938. The 125 towns not maintaining special classes revealed a total grammar school population of 36,026 children. In these towns a total of 1,147 children were referred to the clinics as retarded, and there appear to be no special classes available for their instruction.

A total of 5,917 children were referred to the clinics for the first time during 1938. In other words, 1.88 per cent of the total school population were referred during a single school year. Dividing the 1.88 per cent of the total school population referred in accordance with diagnosis, we note that .34 per cent were diagnosed as mentally defective and 1.54 per cent as not mentally defective. This demonstrates that the ratio of not mentally defective children to mentally defective children is 4:1. That is, the mentally defective child is not alone in having difficulties in the public school. Other children with varying degrees of intelligence between mental defect and normal have difficulties in meeting the requirements of the school curriculum.

We may say in general that we are viewing the first steps of special class development. The schools listed as having special classes are simply pioneers in the establishment of a specialized service for children below average in intelligence or adjustment. The special classes of today are simply taking care of the outstanding cases of mental retardation. There is evidence piling up on all sides which would lead us to believe that the present special class organization is simply a nucleus about which an expansion program should be built. The findings of this report show that for every mental defective failing in school work we have, in addition, 4 children of higher mental grade who do not make a success of their school work.

Cambridge	10,466	12	170	1.62	16	13	3	7	7	-	-	-	-	21	15	.06
Carver	197	-	-	-	3	-	3	9	7	2	-	-	-	1.52	1.52	7.75
Charmont	116	-	-	-	-	-	-	35	23	12	-	-	-	7.75	.35	7.64
Chelsea	5,448	6	113	2.07	19	11	8	4	3	1	-	-	-	1.86	-	3.57
Chester	218	-	-	-	-	-	-	2	2	-	-	-	-	3.57	-	3.65
Chesterfield	56	-	-	-	-	-	-	30	20	10	-	-	-	13.04	.39	13.04
Chicopee	4,589	7	82	1.78	18	15	3	3	9	3	-	-	-	1.33	.47	2.05
Chilmark	23	-	-	-	-	5	-	8	7	1	-	-	-	2.07	.44	2.23
Clinton	1,047	-	-	-	-	-	-	5	3	2	-	-	-	20.53	.23	20.80
Cohasset	389	-	-	-	-	-	-	2	1	1	-	-	-	2.27	.75	1.52
Colrain	224	-	-	-	-	-	-	174	90	84	-	-	-	6.18	-	6.18
Concord	857	1	10	1.16	2	1	2	2	1	1	-	-	-	3.65	1.04	2.61
Conway	132	-	-	-	-	-	-	6	5	3	-	-	-	2.64	-	.64
Cumington	97	-	-	-	-	-	-	1	15	12	-	-	-	2.64	.69	1.95
Dalton	574	-	-	-	6	5	1	9	8	1	-	-	-	2.64	.23	1.26
Danvers	1,547	2	26	1.68	10	5	4	28	27	5	-	-	-	1.49	.93	2.09
Dartmouth	1,435	2	23	1.07	5	3	3	1	9	8	-	-	-	5.01	3.86	1.15
Dedham	2,141	2	23	-	4	3	1	3	2	1	-	-	-	.83	.83	-
Deerfield	430	-	-	-	4	6	4	4	1	-	-	-	-	.25	.25	-
Dennis	259	1	14	5.40	10	6	4	1	-	-	-	-	-	1.16	.58	.58
Dighton	596	1	15	2.51	5	4	1	-	6	5	-	-	-	2.13	.17	1.96
Douglas	395	-	-	-	1	1	2	4	11	8	-	-	-	8.96	1.07	7.89
Dracut	1,031	1	20	1.93	6	2	1	-	22	11	-	-	-	1.56	.69	.87
Dudley	562	1	16	2.84	1	1	1	-	5	5	-	-	-	4.63	.97	3.66
Duxbury	279	1	13	4.65	3	2	1	-	34	24	-	-	-	2.50	.41	2.09
East Bridgewater	574	1	19	3.31	4	4	-	5	10	10	-	-	-	1.43	.33	1.10
Easthampton	927	1	12	1.29	9	3	6	10	10	10	-	-	-	11.67	1.01	10.66
East Longmeadow	479	1	12	2.50	4	1	2	21	11	6	-	-	-	8.86	.49	8.37
Easton	909	1	14	1.54	3	1	2	17	15	6	-	-	-	6.12	2.72	3.40
Edgartown	197	1	18	9.13	2	-	1	4	4	4	-	-	-	.85	.11	.74
Erving	203	-	-	-	4	1	3	53	32	21	-	-	-	1.96	.54	1.42
Essex	147	-	-	-	8	3	5	21	14	7	-	-	-	1.00	.53	.47
Everett	7,135	6	94	1.31	8	7	1	16	43	13	-	-	-	1.68	.47	1.18
Fairhaven	1,479	1	18	1.21	8	47	16	45	34	15	-	-	-	2.16	.55	1.51
Fall River	11,814	21	476	4.02	63	2	9	19	11	4	-	-	-	1.50	.54	.96
Falmouth	1,269	3	52	4.09	6	12	9	7	7	7	-	-	-	.47	.08	.00
Fitchburg	3,236	7	57	1.76	21	3	1	13	11	2	-	-	-	1.62	.65	.97
Foxborough	731	1	10	1.36	2	2	-	1	1	1	-	-	-	1.90	.25	1.65
Frankingham	3,340	1	14	.41	4	3	1	3	14	12	-	-	-	1.21	.40	.81
Franklin	1,118	1	10	1.25	2	3	1	1	2	6	-	-	-	1.31	.28	1.03
Freetown	308	1	10	3.24	2	1	1	26	2	2	-	-	-	3.44	-	3.44
Gardner	1,578	1	17	1.07	4	2	2	30	24	6	-	-	-	6.65	.24	6.41
Georgetown	247	-	-	-	1	1	3	53	27	26	-	-	-	11.36	5	11.36
Gloucester	2,900	3	45	1.55	1	5	-	15	10	3	-	-	-	1.59	.49	1.10
Goshen	29	-	-	-	8	-	-	9	6	3	-	-	-	-	-	-
Grafton	826	1	10	1.21	2	1	1	51	27	26	-	-	-	-	-	-
Granby	132	1	-	-	-	-	-	15	10	5	-	-	-	-	-	-
Great Barrington	814	1	12	1.47	4	.3	1	9	6	3	-	-	-	-	-	-

TABLE 11. — *Towns in Which First Examinations of Retarded Children Were Held during 1938; Number of Special Classes; School Population; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Retarded, by Place of Residence — Continued*

(1)	(2)	(3)	(4)	(5)	(6) 5 ÷ 3	(7)	(8)						(9)	(10) 7+8+9 ÷ 3 (11) 7 ÷ 3 (12) 8+9 ÷ 3					
CITY OR TOWN	Institution Traveling School Clinic	School Population, Grammar Grades	Number of Special Classes	Number of Children in Special Classes	Percent- age of School Population in Special Classes	FIRST EXAMINATIONS BY TRAVELING CLINICS										PER CENT OF SCHOOL POPULATION, 1938			
						MENTALLY DEFECTIVE		NOT MENTALLY DEFECTIVE		DEFERRED		Referred to Clinic as Retarded	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)					
						T.	M.	F.	T.	M.	F.								T.	M.	F.
Greenfield	Bel. Groton	2,004 353	2 —	18 —	.89 —	2 3	2 2	— 1	21 18	35 20	3 15	— —	— —	1.15 10.76	.10 .85	1.05 9.91			
Hadley	Bel.	423	1	9	2.12	2 2	2 1	— 1	15 9	8 2	6 6	— —	— —	4.01 4.06	.47 .67	3.54 3.39			
Hamilton	Dan.	295	—	—	—	2 1	1 1	— 1	10 11	8 9	2 2	— —	— —	8.95 8.21	.74 .51	8.21 8.21			
Bel.	Hampden	134	—	—	—	—	—	—	—	—	—	—	—	1.02 28.15	— .30	28.15 28.15			
Harvard	Gard.	196	—	—	—	1 1	—	—	29 17	1 12	3 12	— —	— —	1.79 1.49	.17 .10	1.49 1.07			
Bel.	Harvard	103	—	—	—	—	—	—	5 4	3 3	1 1	— —	— —	6.38 9.70	2.13 1.29	4.25 9.09			
Hatfield	Bel.	334	—	—	—	1 1	—	—	2 5	3 1	36 3	— —	— —	1.03 .69	.61 .69	1.03 1.03			
Haverhill	Dan.	5,043	5	96	1.90	5 1	4 1	— 1	89 2	53 3	— 3	— —	— —	3.0 3.29	.15 .57	1.15 3.71			
Hawley	North. Gard.	47 77	—	—	—	1 1	—	—	128 81	85 44	5 37	— —	— —	10.40 2.65	.37 .26	10.03 2.39			
Hingham	North. Taun.	979 194	1	9	.91	1 6	1 3	— 3	2 2	2 3	4 4	— —	— —	7.64 3.28	1.27 .32	6.37 2.96			
Holbrook	Wor.	433 669	—	—	—	— 1	— 1	—	2 14	2 9	3 5	— —	— —	3.71 10.40	.27 .37	2.72 10.03			
Holbrook	Bel.	4,707	5	82	1.79 1.74	27 20	7 3	— 1	81 9	44 7	2 2	— —	— —	2.65 7.64	1.27 .32	2.39 6.37			
Holyoke	Bel.	377	—	—	—	3 1	1 1	— 1	10 6	6 3	4 3	— —	— —	3.28 8.22	.32 .74	2.96 5.48			
Hudson	Gard.	807 377	1	9	2.38	2 1	1 1	— 1	9 26	6 4	6 6	— —	— —	1.43 6.61	.48 .24	6.37 6.37			
Hull	Fox.	377	1	9	2.38	1 1	1 1	— 1	236 123	1 113	1 1	— —	— —	1.92 13.07	.96 .11	12.96 12.96			
Huntington	Bel.	157	—	—	—	2 1	1 1	— 1	42 28	14 14	— 1	— —	— —	20.37 3.78	.93 .10	19.44 2.68			
Lancaster	Graf.	304 6,915	—	—	—	1 16	10 9	— 6	28 22	6 20	3 6	— —	— —	3.78 1.35	1.10 .10	2.68 1.35			
Lawrence	Dan.	6,915	6	101	1.46 3.37	16 13	9 4	— 4	26 26	6 4	2 2	— —	— —	1.43 6.61	.48 .24	6.37 6.37			
Lee	North. Wor.	474 628	1	16	3.37	3 1	2 2	— 3	6 161	6 96	65 65	— —	— —	1.92 13.07	.96 .11	12.96 12.96			
Leicester	Graf.	2,525	2	27	1.06	6 3	3 3	— 3	161 236	96 123	1 113	— —	— —	20.37 3.78	.93 .10	19.44 2.68			
Leominster	Graf.	1,04 1,821	—	—	—	2 1	2 1	— 1	236 123	1 113	1 1	— —	— —	3.78 1.35	1.10 .10	2.68 1.35			
Leverett	Gard.	104 1,821	3	52	2.85	2 1	2 1	— 1	42 28	14 14	— 1	— —	— —	20.37 3.78	.93 .10	19.44 2.68			
Lexington	Graf.	231	—	—	—	1 1	1 1	— 1	28 14	14 14	— 1	— —	— —	3.78 1.35	1.10 .10	2.68 1.35			
Lincoln	Graf.	231	—	—	—	1 1	1 1	— 1	28 14	14 14	— 1	— —	— —	3.78 1.35	1.10 .10	2.68 1.35			
Littleton	Graf.	216	—	—	—	1 1	1 1	— 1	28 14	14 14	— 1	— —	— —	3.78 1.35	1.10 .10	2.68 1.35			
Lowell	Dan.	9,870	—	—	—	2 1	1 1	— 1	28 14	14 14	— 1	— —	— —	3.78 1.35	1.10 .10	2.68 1.35			
Ludlow	Mon.	1,268	2	34	2.68	14 1	5 1	— 9	34 20	4 4	1 1	— —	— —	3.78 1.35	1.10 .10	2.68 1.35			
Lunenburg	Gard.	368	—	—	—	—	—	—	5 5	5 5	4 4	— —	— —	3.78 1.35	1.10 .10	2.68 1.35			

Lynn	W.E.F.	11,313	12	228	2.01	11	7	4	19	14	5	—	—	—	26	.10	16
Lynnfield	Dan.	271	—	—	—	—	—	—	12	7	5	—	—	—	4.42	—	4.42
Manchester	Dan.	298	—	—	—	—	—	—	6	4	2	—	—	—	2.68	.67	2.01
Mansfield	Fox.	1,011	1	12	1.18	2	—	2	—	—	—	—	—	—	.19	.27	1.11
Marblehead	Dan.	1,445	—	—	—	4	4	2	15	13	2	—	—	—	1.38	1.51	1.82
Marion	Taun.	331	—	—	—	5	4	1	59	33	26	—	—	—	19.33	1.81	4.13
Marlborough	Wren.	1,453	2	31	2.13	12	7	5	60	40	20	—	—	—	4.95	1.176	5.97
Mashpee	Taun.	85	—	—	—	1	—	—	1	1	—	—	—	—	2.35	.40	4.22
Mattapoisett	Taun.	251	—	—	—	1	1	1	15	12	3	—	—	—	6.37	.12	1.22
Maynard	Graf.	805	—	—	—	1	1	—	34	18	16	—	—	—	4.34	.30	2.21
Medford	Med.	328	—	—	—	1	—	1	4	3	1	—	—	—	1.52	.21	2.18
Medway	Med.	476	—	—	—	1	1	—	1	—	—	—	—	—	.42	.31	.04
Merrimac	Dan.	321	—	—	—	1	1	—	7	6	1	—	—	—	2.49	—	.04
Methuen	Dan.	2,517	1	18	.71	1	—	—	1	1	—	—	—	—	.04	—	.04
Middleborough	Taun.	1,200	1	14	1.16	5	2	3	8	6	2	—	—	—	1.08	.41	.67
Middleton	W.E.F.	261	—	—	—	—	—	—	3	1	2	—	—	—	1.14	—	1.14
Millis	Wren.	1,675	3	28	1.67	8	7	1	40	21	19	—	—	—	2.86	.47	2.39
Millis	Wor.	927	—	—	—	4	4	—	1	1	—	—	—	—	.53	.43	.10
Millbury	Med.	399	—	—	—	1	1	—	12	10	2	—	—	—	3.25	.25	3.00
Millis	Med.	2,590	—	—	—	1	1	—	2	1	—	—	—	—	.07	.07	.07
Milton	Fox.	2,590	2	23	.88	2	2	—	2	1	—	—	—	—	2.00	.19	1.81
Montague	Gard.	1,048	2	33	3.14	2	2	—	19	10	9	—	—	—	2.56	—	2.56
Monterey	North.	39	—	—	—	—	—	—	1	1	—	—	—	—	—	—	.77
Nantucket	Taun.	510	1	17	3.27	—	—	—	4	4	—	—	—	—	.77	—	.77
Natick	Graf.	1,880	2	30	1.50	7	5	2	85	56	29	—	—	—	4.89	.37	4.52
Needham	Fox.	600	1	12	2.00	2	1	2	13	12	7	—	—	—	2.50	.33	2.17
New Bedford	W.E.F.	13,163	7	95	.72	16	11	5	32	25	7	—	—	—	.36	.12	.24
Newbury	Dan.	208	—	—	—	6	—	2	2	—	—	—	—	—	3.84	.96	.96
Newburyport	Dan.	1,335	2	26	1.94	9	7	2	14	10	4	—	—	—	1.72	.67	1.05
New Salem	Gard.	50	—	—	—	—	—	—	11	1	6	—	—	—	22.00	—	22.00
Newton	West.	*9,371	—	—	—	—	—	—	3	2	1	—	—	—	1.61	.40	1.21
Newton	West.	248	—	—	—	1	—	1	3	2	—	—	—	—	1.44	.04	1.40
North Adams	Med.	2,345	4	53	2.26	1	1	1	33	19	14	—	—	—	1.50	.17	1.33
Northampton	Bel.	2,323	1	3	.12	4	3	1	31	21	10	—	—	—	1.72	.34	1.38
North Andover	Dan.	869	—	—	—	3	2	1	12	9	3	—	—	—	1.72	.37	.49
North Attleborough	Wren.	806	—	—	—	3	2	1	4	4	2	—	—	—	2.51	.37	2.51
Northborough	Wor.	318	—	—	—	—	—	—	8	6	—	—	—	—	3.10	—	3.10
Northbridge	Graf.	1,386	1	9	.64	—	—	—	43	18	25	—	—	—	2.38	—	.38
Northfield	Graf.	262	—	—	—	—	—	—	1	—	—	—	—	—	6.56	.21	6.56
North Reading	Northfield	472	1	13	2.75	1	1	—	30	20	10	—	—	—	1.02	.25	.77
Norton	Psycho.	391	1	—	—	1	1	—	3	1	—	—	—	—	.53	.05	.48
Norton	Fox.	1,884	2	18	.95	1	1	1	9	6	3	—	—	—	—	—	—
Norwood	Fox.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oak Bluffs	Taun.	242	1	18	7.43	2	2	—	14	9	5	—	—	—	6.61	.83	5.78
Orange	Gard.	699	1	18	2.57	2	—	—	16	11	5	—	—	—	2.28	—	2.28
Oxford	Wor.	681	—	—	—	3	1	2	3	3	—	—	—	—	.88	.44	.44
Palmer	Mon.	1,107	2	45	4.06	11	6	5	25	20	5	—	—	—	3.25	.99	2.26
Paxton	Wor.	94	—	—	—	—	—	—	1	1	—	—	—	—	1.06	—	1.06
Peabody	Dan.	2,685	1	11	.40	20	15	5	58	40	18	—	—	—	3.08	.74	2.34
Petersham	Gard.	116	—	—	—	—	—	—	1	1	—	—	—	—	.86	—	.86

Spencer	480	1	12	2.50	8	6	2	15	8	7	4.79	1.67	3.12
Sterling	237	—	—	—	1	—	1	8	9	1	3.37	—	3.37
Stockbridge	190	2	37	8.22	5	—	1	11	7	2	6.31	.53	3.78
Stonham	450	1	18	1.64	4	3	2	18	13	5	5.11	1.11	4.00
Stoughton	1,092	1	—	—	5	3	1	17	15	2	1.00	.36	.64
Stow	154	—	—	—	2	—	2	17	8	0	11.03	—	11.03
Sudbury	254	—	—	—	—	—	2	2	2	—	1.57	.787	1.787
Sunderland	171	—	—	—	7	2	5	6	2	—	1.14	—	1.14
Sutton	428	2	20	1.64	1	1	—	27	16	2	3.03	1.63	1.40
Swampscott	1,215	—	—	—	1	1	—	21	11	1	2.38	.08	2.30
Swansea	639	—	—	—	1	—	—	21	12	—	3.44	.15	3.29
W.E.F.													
Templeton	567	—	—	—	1	—	1	3	2	1	.70	.17	.53
Tisbury	308	1	16	5.19	1	1	—	18	8	10	6.16	.32	5.84
Townsend	283	—	—	—	—	—	—	6	3	3	2.12	—	2.12
Tyngsboro	226	—	—	—	—	—	—	1	—	—	.44	—	.44
Upton	278	—	—	—	2	2	—	8	4	4	3.59	.72	2.87
Wakefield	1,982	2	20	1.00	21	10	11	78	52	26	4.99	1.06	3.93
Wales	60	1	13	—	2	1	1	6	5	1	13.33	3.33	10.00
Walpole	1,184	—	—	1.09	9	7	1	4	3	1	.42	.08	.34
Waltham	5,110	8	177	3.46	1	1	2	85	50	35	1.83	.17	1.66
Ware	614	1	15	2.44	1	1	2	7	4	3	1.30	.16	1.14
Wareham	986	4	42	4.25	6	1	2	9	4	3	1.22	.61	2.15
Warren	418	1	16	3.82	1	1	—	6	8	1	2.39	.24	2.15
Warwick	79	—	—	—	—	—	—	3	2	1	3.79	—	3.79
Washington	36	—	—	—	—	—	—	2	1	—	5.55	—	5.55
Watertown	5,492	6	81	1.47	3	2	1	33	26	7	.69	.05	.64
Wayland	519	—	—	—	3	2	1	2	4	4	1.34	.57	.77
Webster	985	1	11	1.11	7	5	2	13	5	8	2.03	.71	1.32
Wellesley	2,100	1	12	.57	7	3	2	20	12	8	.95	—	—
Wendell	74	—	—	—	2	1	1	3	1	2	6.75	2.70	4.05
Wenham	148	—	—	—	2	1	1	1	1	—	1.35	.675	1.675
West Boylston	332	1	11	3.31	2	1	1	5	3	2	1.50	.41	1.50
West Bridgewater	488	—	—	—	2	1	—	8	6	—	2.04	—	1.63
West Brookfield	200	5	82	3.62	8	5	3	44	32	12	.50	.35	1.94
Westfield	2,261	—	—	—	15	9	6	20	18	4	2.29	.35	1.94
Westford	603	—	—	—	3	3	—	5	4	2	5.80	2.49	3.31
Westhampton	74	—	—	—	3	1	—	3	2	1	10.81	4.05	6.76
West Newbury	204	—	—	—	—	—	—	10	6	—	1.96	.49	1.47
Weston	418	—	—	—	7	6	—	10	4	—	2.39	—	2.39
Westport	654	1	13	1.98	12	11	1	79	42	37	13.14	1.07	12.07
West Springfield	2,271	5	93	4.09	11	11	1	32	23	9	1.93	.53	1.40
Westwood	320	—	—	—	2	2	—	16	14	2	.62	.31	.31
Weymouth	3,164	4	40	1.26	1	2	—	1	2	—	.60	.06	.54
Whately	159	—	—	—	2	2	—	2	2	—	1.25	.25	1.25
Whitman	872	1	16	1.83	2	2	—	11	9	2	1.49	.25	1.26
Wilbraham	314	—	—	—	2	2	—	2	1	—	1.27	.636	2.85
Williamsburg	280	—	—	—	5	3	2	8	9	6	2.16	.54	1.62
Wilmington	922	1	18	1.95	—	—	—	15	—	—	2.16	—	—

TABLE 11. — *Towns in Which First Examinations of Retarded Children Were Held during 1938; Number of Special Classes; School Population; Number of Children in Special Classes; Number of First Examinations; Percentage of School Population (a) in Special Classes, (b) Referred to Psychiatric Clinics, (c) Diagnosed as Retarded, by Place of Residence — Concluded*

(1)	(2)	(3)	(4)	(5)	(6) 5 ÷ 3	(7)										(8)			(9)			(10) 7+8+9 ÷ 3 (11) 7 ÷ 3 (12) 8+9 ÷ 3		
CITY OR TOWN	Institution Traveling School Clinic	School Popu- lation, Grammar Grades	Number of Special Classes	Number of Children in Special Classes	Percent- age of School Popu- lation in Special Classes	FIRST EXAMINATIONS BY TRAVELING CLINICS DIAGNOSIS						PER CENT OF SCHOOL POPULATION, 1938												
						MENTALLY DEFECTIVE			NOT MENTALLY DEFECTIVE			DEFERRED			Referred to Clinic as Retarded	Diagnosed as Mentally Defective	Diagnosed as not Mentally Defective (Retarded)							
						T.	M.	F.	T.	M.	F.	T.	M.	F.				T.	M.	F.				
Winchester	Med.	1,705	4	39	2.28	4	2	2	13	9	4	—	—	—	.99	.23	.76							
Windsor	Bel.	52	—	—	—	—	—	—	2	2	—	—	—	—	3.84	—	3.84							
Winthrop	Wren.	2,545	1	12	.47	1	1	—	10	8	2	—	—	—	.43	.04	.39							
Woburn	Med.	3,032	2	19	.62	9	8	1	12	9	3	—	—	—	.69	.30	.39							
Worcester	W.E.F.	25,033	32	571	2.28	61	33	28	261	171	90	1	1	1	1.29	.24	1.05							
Worthington	Bel.	76	—	—	—	—	—	—	2	2	—	—	—	—	2.63	—	2.63							
Wrentham	Fox.	360	—	—	—	1	1	—	1	—	1	—	—	—	.56	.28	.28							
Yarmouth	Taun.	315	—	—	—	4	3	1	9	8	1	—	—	—	4.12	1.27	2.85							
Grand Total		313,078 ¹ 277,052 ²	333	5,155	1.64	1,068	688	380	4,829	3,186	1,643	20	17	3	1.88	.34	1.54							

*These cities have their own examining units. However, other cases from a school source are examined by our various clinics. That the unusually large school population of these cities may not load our totals and give misleading total figures, we are not including them in the total figures at the bottom of this table.

1 Total school population of towns having an examination by one of our clinics during 1938. This total is used in calculating the percentages of columns 10, 11 and 12.

2 Total school population of towns having children in special classes during 1938. This total is used in calculating the percentages of column 6.

The population of our special classes is made up of cases of obvious mental deficiency. The question arises: Are we to leave the large number of high-grade cases in the unhappy half-way position between the special class and the regular class without adequate or understanding provision for their training? We have found that it is quite difficult to have unusual children coached in special subjects in the regular public school classes. Lack of evenness in accomplishment in the various school subjects is quite commonly observed.

Some of our public schools have made no provision for the outstanding cases of mental deficiency which obviously should be segregated for special training. Others have provided these special classes, and have seen a remarkable reduction in the difficulties observed in the regular classes, and an acceleration of the progress of the regular classes. Some schools have gone further and have added sufficient classes to enable them to classify their retarded children by both chronologic age and mental age. This is a step in the right direction, but there is still a great unexplored field in the provision of special classes for the borderline cases. Large numbers occur in these groups, and yet no adequate provision for their care is being made at the present time.

We observe that 1.88 per cent of the total school population served by our clinics were referred because of retardation during 1938. This figure does not cover the total number of cases of retardation which have accumulated in the particular schools. These are first examinations of a single year only. Some of the children may be referred as retarded at the age of nine years or earlier and others may become retarded between the ages of nine and sixteen, the age of leaving school. Consequently, the total number of cases of retardation is subject to an accumulation over 9 years. We note that the percentage of .34 per cent of the total school population diagnosed as mentally defective is small in proportion to other estimates of the incidence of mental defect. Again, we must recall that this, too, is a figure for a single year, and that the actual accumulated number of mental defectives within the school system is much higher.

The previous paragraph outlines the fact that the proportions of children diagnosed as mentally defective and children diagnosed as retarded (not mentally defective) for any one year are quite small in relation to the total school population. Inasmuch as the clinics are finding practically the same proportion of children retarded each year, it is necessary to consider the accumulation of cases that is occurring year after year before arriving at a total figure. The determination of this total number of retarded or mentally defective who have accumulated in a school at any one time is rather difficult. Therefore, we determined to use a different approach, and compare the *new cases* of retardation or mental defect diagnosed during one year with the *new cases* entering school during the same year. We recorded the number of children actually within the first grade of the various schools, the new cases of retardation and mental defect diagnosed the same year, and calculated the percentage. The total figure for children entering the first grade is not typical of all grades, but is higher than the total entering other grades. Consequently, the resulting rates will be smaller but the error will be on the side of conservatism.

It was found that there was a total of 37,242 children in the first grades of those schools in which first examinations of retarded children were held during the year 1938. We may say that this represents the approximate number of new students entering these schools during a single year. We have observed in previous tables that a total of 5,917 children were referred to all clinics because of retardation *for the first time during the year 1938*. Comparing this total of 5,917 with the 37,242 new students entering the schools, we find that new cases of retardation and mental defect discovered during 1938 are 15.8 per cent of the number entering school during the same year. That is, when we compare the new cases of *retardation* discovered during a single year with the *new children entering school* for the same year, we find that one child in six is retarded in some degree.

Dividing the mental defectives from those merely retarded, we note that the *new cases* diagnosed as mentally defective during a single year are 2.8 per cent of the number of children entering school for the first time during a single year. The *new cases* diagnosed as retarded (not mentally defective) constitute 12.9 per cent of the number of children entering school for the first time. All of this, of course, is for the year 1938. We feel that these percentages of 2.8 for mental defect and 12.9 for retardation give us a much better picture of the relative amounts of these conditions actually present in our school systems.

There is nothing to be gained in discussing the differences in the number of retardates and mental defectives observed in the different towns. Some of the larger percentages are observed in towns which are having an examination for the first time. In these instances the children referred for first examination represent an accumulation of retarded children over a period of years. The smaller numbers are observed in towns which have been having these examinations every year. In other instances the small number of cases referred is a matter of selection on the part of the superintendent. In the long run we may say that the higher rates for retardation observed in particular schools indicate simply the active interest of various superintendents in the problem of retardation, and a comprehensive understanding of the necessity of special class care of backward children. They are referring all of the children who are becoming retarded in their particular school systems. The reasons for the smaller numbers presented by some of the towns are more or less subject to conjecture.

We get some idea of the necessity for enlargement of our special class provision in the figures presented for this one year. We note that 124 towns have provided a total of 333 special classes caring for 5,155 children. Referring to Table 8, we note that a total of 2,389 children were recommended for special classes during 1938. That is, about one half the school rooms now devoted to special classes will be needed to take care of the new cases recommended for special class care in 1938. We see the urgent need for increasing the number of special classes now available.

III. CENTRAL REGISTRY FOR MENTAL DEFECTIVES

In 1919 the Legislature amended Chapter 123 of the General Laws establishing a registry for the feebleminded. This law was amended in 1936, and now reads as follows:

Chapter one hundred and twenty-three of the general Laws is hereby amended by striking out section thirteen, as appearing in the Tercentenary Edition and inserting in place thereof the following:—*Section 13.* "The department shall establish and maintain a registry of mental defectives, and may report therefrom such statistical information as it deems proper; but the name of any person so registered shall not be made public except upon written request therefore, to public officials or other persons having authority over the person so registered, or to charitable corporations incorporated in this commonwealth and subject to section twelve of chapter one hundred and eighty, and the records constituting the registry shall not be open to public inspection." (Approved May 22, 1936).

Dr. Walter E. Fernald for many years had expressed great interest in the carrying out of such a registry, feeling that it would give invaluable information as to the community problem of mental defect and would provide opportunity for the building up of a satisfactory plan for the care of such cases.

In 1922 institutions under this Department started sending in cards to the Registry, reporting all mental defectives examined by their traveling school clinics. For many years the traveling school clinics constituted the sole source of information on mentally defective children. In 1929 and 1930 the present Director of the Division undertook the expansion of this work with the thought of bringing into use other sources contacting mental defectives in the community. Up to that point little attention had been given the mental defectives admitted to or cared for by mental hospitals. In addition, there had been no uniform reporting on admissions to our state schools for mental defectives. Arrangements were made to have all cases of this type reported by mental hospitals, state schools and several other clinics. Each year following, additions have been made to the number of sources reporting mental defectives to the Central Registry. At the present time we are receiving reports on mental defectives from (1) traveling school clinics; (2) admissions to state hospitals; (3) admissions to state schools; (4) cases placed on the waiting lists of state schools; (5) defective delinquents examined by hospital and Department psychiatrists; (6) out-patient examinations of state hospitals; (7) out-patient examinations of state schools; (8) mental hygiene clinics; (9) habit clinics; (10) child guidance clinics; (11) adjustment clinics; (12) defective delinquents admitted to Bridgewater; (13) mentally defective prisoners examined under the Briggs Law; (14) cases referred to the Division of Mental Deficiency; (15) cases examined by the Division of Mental Hygiene; (16) children examined by the psychological clinic of the Springfield schools; (17) cases referred to the Massachusetts Society for the Prevention of Cruelty to Children; and (18) the New England Home for Little Wanderers.

TABLE 12. — Type of Contact in New Cases Reported to Central Registry for Mental Defectives, 1938, by Clinic

SOURCE OF CONTACT		Total All Sources	Traveling School Clinic	Total Other Sources	Clinics for Juvenile Delin- quents	Out- Patient State Hospitals	Out- Patient State Schools	Other Clinics	Admis- sions, etc. State Hospitals	Admis- sions, etc. State Schools	Waiting List State Schools
Boston Psychopathic	.	154	12	142	4	47	—	—	91	—	—
Boston State	.	101	26	75	22	—	—	—	53	—	—
Danvers	.	372	265	107	44	—	—	—	61	—	—
Foxborough	.	131	89	42	1	—	—	13	28	—	—
Gardner	.	129	76	53	10	2	—	21	20	—	—
Grafton	.	95	86	9	9	—	—	—	—	—	—
Medfield	.	148	115	33	8	—	—	—	25	—	—
Metropolitan	.	41	—	41	—	—	—	—	41	—	—
Monson	.	285	157	128	2	—	—	1	125	—	—
Northampton	.	143	81	62	24	16	—	3	19	—	—
Taunton	.	289	182	107	42	24	—	—	41	—	—
Westborough	.	71	50	21	1	—	—	—	20	—	—
Worcester	.	145	114	31	3	—	—	9	19	—	—
Belchertown	.	503	177	326	7	—	72	—	—	153	94
Walter E. Fernald	.	803	318	485	4	—	150	—	—	176	155
Wrentham	.	854	208	646	3	—	169	—	—	232	242
Bridgewater (Def. Delinquents)	.	115	—	115	—	—	—	—	—	115	—
Department (Briggs Law)	.	1	—	1	—	—	—	1	—	—	—
Division of Mental Hygiene	.	40	—	40	—	—	—	40	—	—	—
Division of Mental Hygiene	.	38	13	25	—	—	—	25	—	—	—
M. S. C. C.	.	5	—	5	—	—	—	5	—	—	—
N. E. Home for Little Wanderers	.	7	—	7	—	—	—	7	—	—	—
Springfield Schools	.	120	—	120	—	—	—	120	—	—	—
Total	.	4,590	1,969	2,621	184	89	391	247	543	676	491
Per cent	.	100.0	42.8	57.1							

(a) *Type of Contact in Mental Defectives Reported to Central Registry, 1938*

Table 12 reports the type of contact in cases reported to the Central Registry during 1938. Reports were made by thirteen state hospitals; three state schools; the Department for Defective Delinquents at Bridgewater; Department of Mental Health (Briggs Law examinations); Division of Mental Deficiency, D.M.H.; Division of Mental Hygiene, D.M.H.; the Springfield public schools; the M.S.P.C.C.; and the N. E. Home for Little Wanderers. The largest number of cases was reported by the Wrentham State School, 854. Fernald with 803 and Belchertown with 503 also reported large numbers. In the state hospitals Danvers reported the largest number, 372; Taunton second with 289; and Monson third with 285. The Springfield schools have been very cooperative and reported a total of 120 children examined in their psychological clinics during the year. Other clinics reporting for the first time were the M.S.P.C.C. with 5, and the N. E. Home for Little Wanderers with 7.

Our reports came from clinics of many different types. The fifteen traveling school clinics operating in the public schools furnished the largest number of defectives with a total of 1,969. Admissions to state schools were second in order with 561 children reported. Admissions to state hospitals were third with 543 cases reported; waiting lists of state schools fourth with 491; out-patient examinations of state schools were fifth in order with 391 cases; and Defective Delinquents with 299 were sixth. These cases are examined through the law requiring the examination of juvenile delinquents or through admission to the Department for Defective Delinquents at Bridgewater.

(b) *Age, I.Q., and Sex of Mental Defectives Reported to Central Registry, 1938*

Table 13 outlines the age of cases reported to the Central Registry during 1938 by intelligence quotient and sex. Of the total of 4,590 cases, 2,715 or 59.1 per cent were males and 1,875 or 40.8 per cent were females. In the school clinic cases also we had greater amounts of retardation among the males. Here, however, we see that this same sex proportion persists in the older mental defectives being reported to the Central Registry.

In relation to intelligence we see comparatively few cases of lower mental grade being reported to the Registry, and increasing proportions as we go higher in the intellectual scale. This, of course, is to be expected as the general population shows this same general distribution. We know that there are many more persons in the community with an intelligence quotient between .60 and .69 than there are with intelligence quotients between 0 and .09. Therefore, we may expect to draw more of these higher grade cases in those being reported to the Central Registry.

In practically all I.Q. groups the excess of males noted in the totals is to be observed. The sex differences appear to be becoming more marked as we go higher in the intellectual scale. There are being relatively fewer high grade females reported to the Registry or, vice versa, there are relatively more males reported as we go higher in the intellectual scale.

(c) *Percentage Distribution of Age Groups in Mental Defectives Reported to Central Registry, 1938*

Table 14 gives us a percentage distribution of the ages condensed from Table 13. Surprisingly large numbers of children are being reported at comparatively young ages. Thus in Table 14 we have 118 males and 94 females 4 years of age or less; 516 males and 332 females were between the ages of 5 and 9 years; 1,147 males and 627 females were between the ages of 10 and 14 years. From this point on we see a sharp dropping off in numbers. During the school period the intelligence of children is subjected to closer scrutiny and, therefore, we may expect larger numbers during the school ages. The cases examined under 4 years are reported, of course, by the various habit, child guidance and adjustment clinics dealing essentially with younger children. We note that the males predominate in cases reported in the groups 19 years or younger, 87 per cent of the males and 77 per cent of the females falling in these ages. Over 19, the females show larger percentages. In the group 20-29 years they present 11.3 per cent, with 7.1 per cent for the males; in the group 30-39 years 5.8 per cent, and 2.6 per cent for the males. It appears that the male mental defectives are reported to the Central Registry in the younger ages while the females show a tendency to a greater scatter throughout the age groups. There is a greater chance that male mental defectives will have their intellectual capacity interfere with their success in younger ages and thus bring them to the attention of various examining or reporting agencies. It is apparent that the female

TABLE 13. — Age of Cases Reported to Central Registry for Mental Defectives, 1938, by Intelligence Quotient and Sex

AGE GROUPS	Total						0-9			10-19			20-29			30-39		
	T.		M.		F.		T.		M.		F.		T.		M.		F.	
	T.	M.	T.	M.	F.	T.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
0-4 years.	212	118	94				9	2	7	25	14	11	16	8	8	25	15	10
5-9 years.	848	516	332				17	5	12	24	15	9	31	18	13	55	29	26
10-14 years.	1,774	1,147	627				11	8	3	21	11	10	40	24	16	51	27	24
15-19 years.	980	584	396				10	4	6	16	9	7	24	17	7	33	25	8
20-29 years.	406	193	213				4	3	1	14	8	6	12	7	5	25	16	9
30-39 years.	180	71	109				2	1	1	7	4	3	11	8	3	10	5	5
40-49 years.	108	49	59				—	—	—	2	2	—	14	8	6	5	2	3
50 plus years.	71	34	37				—	—	—	3	1	2	3	1	2	9	6	3
Unknown	11	3	8				—	—	—	1	—	1	1	—	—	—	—	—
Total	4,590	2,715	1,875				53	23	30	113	64	49	152	92	60	213	125	88
Per cent	100.0	100.0	100.0				1.1	.8	1.6	2.4	2.3	2.6	3.3	3.3	3.2	4.6	4.6	4.6

AGE GROUPS	40-49			50-59			60-69			70+			Unknown		
	T.		F.	T.		F.	T.		F.	T.		F.	T.		F.
	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
0-4 years.	24	11	13	36	21	15	10	5	5	—	—	—	67	42	25
5-9 years.	106	62	44	173	100	73	324	209	115	46	30	16	72	48	24
10-14 years.	87	43	44	330	201	129	1,065	716	349	110	77	33	59	40	19
15-19 years.	79	47	32	307	182	125	448	270	178	52	14	18	31	16	15
20-29 years.	56	26	30	119	49	70	109	51	58	22	7	13	48	26	19
30-39 years.	32	11	21	59	22	37	37	9	28	7	2	3	15	6	6
40-49 years.	15	6	9	25	9	16	34	15	19	4	—	4	15	7	2
50 plus years.	10	5	5	19	10	9	10	6	4	1	—	1	16	5	11
Unknown	—	—	—	—	—	—	—	—	—	—	—	—	9	2	7
Total	409	211	198	1,068	594	474	2,037	1,281	756	222	130	92	323	195	128
Per cent	8.9	7.7	10.5	23.2	21.8	25.2	44.3	47.1	40.3	4.8	4.7	4.9	7.0	7.1	6.8

mental defectives tend to show greater success in the community and postpone the discovery of their defect until they are considerably older.

TABLE 14. — *Age of Cases Reported to Central Registry for Mental Defectives, 1938, by Sex: Numbers and Percentages*

AGE GROUP	Total		Male		Female	
	No.	%	No.	%	No.	%
0- 4 years	212	4.6	118	4.3	94	5.0
5- 9 years	848	18.4	516	19.0	332	17.7
10-14 years	1,774	38.6	1,147	42.2	627	33.4
15-19 years	980	21.3	584	21.5	396	21.1
20-29 years	406	8.8	193	7.1	213	11.3
30-39 years	180	3.9	71	2.6	109	5.8
40-49 years	108	2.3	49	1.8	59	3.1
50 plus years	71	1.5	34	1.2	37	1.9
Unknown	11	.2	3	.1	8	.4
Total	4,590	100.0	2,715	100.0	1,875	100.0

It is an interesting commentary on our present day civilization that a total of 4,590 cases of mental deficiency were reported to the Central Registry during a single year. This is at a rate of 104 per 100,000 of the general population. The admission rate to our state schools for mental defectives for the same year was 6 per 100,000, while the rate for cases in residence in state schools was 118. The numbers and proportions of the cases being reported as mentally defective gives us some idea of the possibilities for the future as far as mental deficiency is concerned. Quite obviously the State cannot assume the care of all of these defective children, and yet there is a rather good chance that many of them will be failures unless given a helping hand during the school period and the years immediately following. We see here the need for a state-wide supervisory group interested in and understanding the many problems connected with mental deficiency and retardation. The community adjustment of mental defectives is rarely accidental. It means intelligent direction and supervision at the hands of understanding persons. Otherwise, the economic load of caring for many thousands of failing mental defectives may become unbearable.

IV. RESEARCH IN MENTAL DEFICIENCY

In October, 1926, the Division inaugurated a research project in mental deficiency based upon the school clinic examinations. In December, 1926, a research worker was obtained to carry on the project. The worker visited the various institutions and recorded the findings of the various school clinic examinations. A recording code was elaborated and a code sheet printed. In 1929, however, the Department replaced the code sheet with a printed statistical machine card which saved a great deal of time and effort in the recording of data. The analysis of this material was made possible through the utilization of the new statistical system established by the Department. The Division research cards are punched and sorted by the machines in the Statistical Division. A single research worker is available for studying this material. Inasmuch as the material available now involves over 46,000 cases, it is extremely difficult to publish the results of this work as rapidly as might be desired. During the past year certain of the older records have been corrected, and this has cut down the number of new cases coded. As a total of over 114,000 examinations are now available, it is also highly desirable that the coding work be continued so that this rather remarkable sample might be subject to a thoroughgoing analysis. One additional worker should be made available for this research project in order that it may be completed. At present the new examinations completed each year are more than one worker could possibly cover.

V. PUBLICATIONS

The following articles were published during 1938 by the Director of the Division:

Dayton, N. A.: What Massachusetts Does for Its Mental Defectives. N. E. Jour. of Med., 218: 13-15, Jan. 6, 1938.

Dayton, N. A., Dyar, M. B., Fagan, H., and Andrews, M. E.: Community Supervision of Non-Institutional Mental Defectives in Massachusetts. Ann. Proc. 62nd Annual Meeting, American Association on Mental Deficiency, Richmond, Virginia, April 20-23, 1938, Vol. 1, pp. 40-46.

VI. SOCIAL SERVICE

Since the chief function of the Division of Mental Deficiency is to adjust suitable mentally deficient persons in the community and thereby relieve the overcrowding in the State schools, it may be of interest to know the types of cases taken on for community supervision.

1. Cases are committed to the Department through the courts.
2. Cases are taken on for voluntary supervision; i.e., cases not desiring or needing commitment through the courts but receiving the same intensive service. This includes cases worked on cooperatively with other agencies and cases referred for study.
3. Cases referred for training in their own homes.

Cases may be referred by public or private agencies or by individuals. The Department has the right by law to investigate all referred cases and to select only such cases as seem to be in need of our services and offer a reasonable chance of benefiting by such service. This eliminates the defective delinquent group which has been found difficult to adjust in the community and allows concentration on a group which is potentially an asset rather than a liability.

It is necessary to take on for commitment only those cases which can be self-supporting as the Division maintains no fund for their support. The bulk of our cases other than the home training group falls into the wage home group, this form of self-support proving to be best for our particular problem, offering as it does, frequent contact with girl and employer and the chance to acquaint the employer with the techniques peculiar to dealing with the mental defective. A surprising number of our girls show unusual histrionic ability in depicting imaginary grievances and illnesses and are quick to seize openings for liberties which they are unable to utilize wisely. Only the informed employer is able to cope with these situations. Of the sixty-two wage and boarding homes investigated by the social workers less than half proved to be suitable for our purposes. Our heart-felt thanks go to those employers whose skill, patience, and cooperation with the Department have made adjustment in the community possible.

The problem of suitable recreation for these mental defectives is a perennial one and community resources are constantly being tapped for this purpose. An example of one resource is an exhibition of formal and informal table settings at a local store which proved stimulating and instructive to one girl who lacked an incentive to perform her household duties satisfactorily. Another girl who "adored" making candy attended a candy-making class and earned extra money making pop corn balls for church socials, a nearby private school, etc. A girl with artistic ability attended a children's art school. Many more instances might be cited but the alert social worker is ever on the look-out for such help and stimuli. In spite of educational efforts on the part of the social workers, the movies still prove the most popular form of amusement. The Y.W.C.A. is utilized for certain girls where a leader has become interested and shows insight into their problems. The Y camps have given wholesome vacations to others.

Each year progress is made in organized social planning for the non-institutional mental defective. During the past twelve months, the Division has extended its activities in specific community experiments.

The group concentrated upon consists of special class graduates; i.e., non-delinquent girls interested in domestic service who may attain social and economic adjustment. In four communities the following social action is being promoted:

1. Selection of candidates with cooperation of traveling school clinics, schools, and social agencies.
2. Personality study of each candidate for the purpose of ascertaining the type of supervised environment which will develop the potential and actual assets of the individual in the achievement of a satisfactory social adjustment.
3. A survey of community resources for home training as preparation for placements.
4. The education of community agencies to utilize the Division as a consulting service for this selected group.

The nucleus used as a basis for study is seventy-nine cases referred by the traveling school clinics for community supervision. Tentative operating plans as follows:

1. Selection of prospective candidates from the community.
2. Examination of candidates by nearest State school out-patient clinic.

3. Continuous health supervision.

4. Education of candidate and family for training in a selected home.

Plans are under way in Malden, Springfield, Pittsfield, and Fitchburg. Nine girls are under consideration for this service. Special class supervisors and teachers, the County Extension Service (Home Economics), visiting teachers, and social agencies are manifesting interest in cooperative plans for this non-delinquent mentally deficient group of girls who need adjustment services in self-direction, self-maintenance, and social usefulness.

The Home Training for children of the low mental age group which was started last year has been continued and developed. Some of these children who are excluded from the public school system and private kindergarten are awaiting admission to a State school. Because our institutions for the mentally deficient are very crowded, the Home Training has been offered to parents who are seeking some assistance in the educational and play training of their child to tide them over the waiting period. Other parents who wish to keep their child in the family group as long as possible have asked for the same type of assistance. The aim of Home Training is to help the mentally deficient child in making a better adjustment within the family circle. It is also hoped that the parents may have a better understanding of the child's possibilities and needs. It has been evident in almost every case that parents expect a mentally deficient child to take an interest in games and educational material which may be on the child's chronological age level but far in advance of his mental age. The Home Training lessons are based on the child's mental age. If the child's chronological age is seven years and his mental age is two and a half years, he is given work and play which is interesting and entertaining to a child between the age of two and three years. In this way, he is given something which he can accomplish or hope to accomplish. It is as great a satisfaction and delight for an idiot to string colored beads as it is for a normal child to complete successfully a greater task in life.

The Home Training material consists of three different series of lessons. The first group is planned for children of a two-year or less mental age; the second, for two-to-four-year mental age; the third, for four-to-five-year mental age. The child's psychological examination which determines his mental age assists the social worker in assigning his lesson material. Each month a social worker brings a new lesson to the child's home. During the intervening month, parents or some member of the family instruct the child in his work. The half an hour to an hour lesson period is carried on as if the child were in school. After the instruction, the material is put away until the next day. When the child has learned to do a lesson well and needs no supervision, he is allowed this material for his play. One of the goals of the Home Training is to teach the child work which he can carry on by himself. When a child has learned to occupy himself for some of the hours of the day, the mother and members of the family are relieved of the constant strain of supervision which is often so necessary with children of this group.

During the year, there have been eighteen boys and twenty-three girls receiving Home Training. The boys' chronological range of age is from four years to thirteen years with an average age of six years. The girls' chronological range of age is from five years to fourteen years with an average age of seven years. The boys' mental age range is from one and a half to four and a half years with an average mental age of slightly less than three years. The girls' mental age range is from one and a half to five and a half years with an average mental age of three years.

The following case is typical of the type of child who is receiving Home Training. Dick, seven years of age, was diagnosed as a Mongolian type of mental deficiency. His mental age was believed to be about two years although this was not definitely established due to the child's stubborn refusal to cooperate. The parents of the child are considered intelligent and live in a comfortable home. There is one other child who is older and receiving A grades in school. Dick's mother described him as being retarded in every phase of his development. The family physician predicted that he probably would not live to be two years of age. The parents spent a great deal of money on this child with the hope that there would be some cure for him. After four years of thyroid tablets, the treatment was discontinued because there was no apparent improvement. Although the child was extremely slow to learn, the mother of patient gave him good habit training although she admits that because of his sickness she has spoiled and pampered him.

At the age of six, Dick started school but sat in a complete stupor during most of his stay in the classroom. He was excluded from public school and kindergarten because he was unable to do anything in the classroom and was uncooperative at all times. Although Dick's mother had done very well in training him in good habits, she was anxious to teach him something which would keep him occupied and busy. He did not pay much attention to his toys and required a great deal of looking after. When the first lessons of Home Training were given, Dicky was the only one of forty-one children who would not cooperate immediately. He acted as if he wanted to do the lesson but was completely stage-struck whenever worker asked him to show his work. Mother reported that when the child was with her, he could string beads and do all of his lesson. This was not true when worker appeared. He became absolutely rigid and speechless. After ten months, worker was one day completely surprised to find Dicky at the door of his home to greet her. Although he has a speech defect, he was jabbering in his lingo and showing a very friendly attitude. He immediately hunted up his box of lesson material and said he was going to string beads. For the first time he did the work with no hesitation. Instead of being stubborn, he was very gleeful, and at the end of any of his accomplishments, he beamed with delight and shouted, "Whoopee!"

Probably due to an increase in age, this child has become less self-conscious and is becoming much more friendly with everyone. His mother now teaches him his lessons daily which requires thirty or sixty minutes of her time. On each visit of the social worker, the child is proud to show the results of his month's work. He has learned many things which will occupy him without requiring the supervision of some member of the family. The mother believes that Dicky is better adjusted to the family group and there is less strain on the members of the household now that the child has something to interest him on his mental level. The parents want Dicky with them and believe that Home Training is putting off institutional placement until a later time and perhaps indefinitely.

TABLE 15. — *Statistical Survey of Cases — Division of Mental Deficiency — Social Service — Year Ending November 30, 1938*

I	
Status — December 1, 1937:	
Committed cases	19
Voluntary cases	188
	— 207
II	
Cases referred during the year:	
Referred by public agencies	202
Referred by private agencies	20
Referred by Dept. of Mental Health	13
Referred by individuals	3
Reopened from previous years	5
	— 243
III	
Type of cases referred for social supervision:	
1. Wage earning	119
2. Special class	28
3. Home Training	38
4. Boarding out	58
	— 243
IV	
Nature of service rendered:	
Investigation of homes	62
Placement in homes	28
Removal from homes	22
Arrangement for dental and medical care	49
Arrangement for recreation	72
School adjustments	21
Home adjustments and home training lessons	45
History	42
Investigations	27
V	
Cases closed during the year:	
Cases referred to public agencies	34
Cases referred to private agencies	10
Cases unable to locate	13
Cases committed to institutions	10
Investigations for Department	11
Cases not supervisable	13
Cases satisfactorily adjusted	7
	— 98
VI	
Status — November 30, 1938:	
Committed cases	22
Voluntary cases	330
	— 352
Summary of visits — Three Workers	2,004

In April, the three visitors connected with the Division attended the Sixty-second Annual Session of the American Association on Mental Deficiency held at Richmond, Virginia. A paper was read by one of the workers at that time.

On October 1st of the year, a boarding-out project for certain patients was undertaken. This plan is of too short duration to evaluate at this time.

The possibility of dealing with these mentally deficient persons enlarges through the years. As experience points out the pitfalls, so also does experience point out that an awakened community spirit can aid in establishing these persons happily and satisfactorily in our midst. We stand ready to help in this endeavor.

Table 15 shows that during the year 1938, 207 cases were cared for. Of this total, 19 cases were committed to the Department of Mental Health, and 188 were voluntary cases. Two hundred forty-three new cases were opened during the year, mostly referred by public and private agencies. Ninety-eight cases were closed. Of this number, 13 were found to be not suitable for supervision, and 7 were adjusted in the home. A total of 2,004 visits were made by the three social workers carrying on this work. At the end of the year 352 cases were under supervision.

VII. ANALYSIS OF WAITING LISTS OF ALL STATE SCHOOLS, 1938

In 1929 the Division assumed a new duty of assembling statistical data in reference to the waiting lists comprising urgent applications to the three state schools for the mentally deficient. A brief code was outlined embracing descriptive data on these waiting list cases. The superintendents of the three schools reviewed their applicants, eliminating all cases not considered as urgent. They then filled out a code sheet for each urgent case as of the date July 1, 1929, and forwarded these to the Division. The Statistical Division then transcribed the information from the coded sheets to punch cards, and subjected the material to analysis.

The waiting lists are kept up to date at all times. Each month the state schools forward to the Division their code sheets for all new cases placed on the waiting list during the month. They also send in lists of all cases withdrawn from these waiting lists for any reason whatsoever. This enables us to keep the lists balanced at the end of each calendar month. Punch cards are then made up for new cases and filed pending further analysis. The descriptive material presented is of incalculable value to the Department in determining the type of expansion program to be adopted.

A few facts resulting from the analysis are presented in the following summary: On November 30, 1938 there were 129 cases on the waiting list of the Belchertown State School, 1,450 cases on the waiting list of the Walter E. Fernald State School, and 1,164 cases on the waiting list of the Wrentham State School. The total number on the waiting lists for the three state schools was 2,743. Of these, 47.6 per cent were males and 52.4 per cent were females.

Table 16 outlines the number of cases on the waiting lists of our three state schools in accordance with place of residence. Residents of Suffolk County show the largest number of cases on the waiting lists with a total of 770. Middlesex County is second with 624; Worcester third with 284; and Essex County fourth with 267. The smallest numbers on the waiting lists are presented by Nantucket with 1 case, Dukes with 1, and Hampshire with 21 cases.

In reviewing the reasons for the urgency of admission, we note that retardation was the cause of application in 69 per cent of both sexes together. Behavior was the primary reason in 5 per cent for both sexes. Marked physical defect was the reason in 1.1 per cent of cases, and .3 per cent were social problems.

With regard to the intelligence quotient of children on the waiting lists, we note that the males exceeded the females in the idiot group (males 4.0 per cent, females 3.9 per cent), the imbecile group (males 24.9 per cent, females 24.2 per cent), and the not mentally defective group (males 6 per cent, females 5 per cent). The females showed a higher percentage than the males in the moron group (females 31.6 per cent, males 25.6 per cent).

In reference to the ages of applicants on the waiting lists, 80 per cent of the males were under 15 years of age, while but 59 per cent of the females fell in this group. In the age group 15-19 years 12 per cent of the males and 19 per cent of the females were reported. But 4 per cent of males are placed on the waiting lists at ages of 20 years or over, as against 16 per cent of the females. Twenty-three cases on the list were 40 years of age or over. These cases make up .7 per cent of the males and 1.0 per cent of the

females. It is clear that many of the mentally defective boys get into difficulties under 15 years of age. The girls have more difficulties in the older ages.

A study was also made of the source of application by county of residence, and compared with the estimated population of these counties in 1938 (Graph II). The highest rate of applications per 100,000 of the population was observed in Barnstable County with a rate of 91 applicants. Suffolk was second with 82; Middlesex third with 64; Bristol fourth with 60; Worcester fifth with 57; and Plymouth sixth with 54. Essex, Norfolk, Franklin, Nantucket, Hampshire, Berkshire, Dukes and Hampden presented the lowest rates with 52, 40, 36, 29, 27, 18, 16 and 13 persons on the application list per 100,000 of the population of each county, respectively.

The total of 2,743* on the waiting lists of the three schools indicates the urgent need for the enlargement of our present schools and the construction of an additional institution to care for these mentally deficient individuals.

VIII. RECOMMENDATIONS

Every three months the Division prepares a detailed analysis of the waiting list of each state school and presents it to the superintendent of the institution for his information. Our analyses of the waiting lists for admission to the three state schools have demonstrated the need for increases in institutional provision for mental defectives. The total of 2,743 cases on the waiting lists indicates an urgent need for the enlargement of existing facilities and the construction of an additional state school to care for mentally defective

*This total is revised monthly with consideration of all withdrawals and new additions during the month.

TABLE 16. — *Cases on the Waiting List of the Three State Schools on November 30, 1938, by County and City or Town of Residence*

County and City or Town of Residence	Number	County and City or Town of Residence	Number	County and City or Town of Residence	Number
BARNSTABLE	36	DUKES	1	HAMPDEN	45
Barnstable	6	Gosnold	1	Agawam	1
Bourne	2			Chester	1
Brewster	1	ESSEX	267	Chicopee	8
Chatham	1			Holyoke	8
Dennis	5	Amesbury	7	Ludlow	2
Falmouth	10	Andover	10	Palmer	1
Harwich	1	Beverly	8	Springfield	18
Mashpee	2	Boxford	1	Westfield	5
Orleans	3	Danvers	7	West Springfield	1
Provincetown	4	Georgetown	1		
Yarmouth	1	Gloucester	14	HAMPSHIRE	21
		Groveland	1		
BERKSHIRE	23	Hamilton	1	Amherst	3
Adams	1	Haverhill	29	Belchertown	5
Cheshire	1	Ipswich	8	Chesterfield	1
Great Barrington	2	Lawrence	41	Easthampton	4
Hinsdale	1	Lynn	47	Granby	2
North Adams	2	Manchester	1	Northampton	3
Pittsfield	8	Marblehead	2	Ware	3
Sheffield	1	Merrimac	1		
Washington	1	Methuen	14	MIDDLESEX	624
West Stockbridge	1	Middleton	1		
Williamstown	4	Nahant	1	Acton	1
Windsor	1	Newburyport	17	Arlington	12
		North Andover	2	Ashby	1
BRISTOL	221	Peabody	12	Ashland	2
Attleboro	13	Rockport	2	Ayer	2
Berkeley	2	Rowley	1	Bedford	2
Dartmouth	5	Salem	26	Belmont	14
Dighton	1	Salisbury	2	Billerica	3
Easton	5	Saugus	8	Boxborough	2
Fairhaven	7	Swampscott	2	Burlington	2
Fall River	60	FRANKLIN	19	Cambridge	80
Freetown	1			Carlisle	2
Mansfield	12	Barnardston	1	Chelmsford	4
New Bedford	75	Buckland	3	Concord	2
North Attleboro	7	Conway	2	Dracut	1
Norton	1	Deerfield	2	Everett	24
Raynham	1	Gill	1	Frammingham	15
Rehoboth	3	Greenfield	2	Hudson	7
Somerset	2	Hawley	1	Lexington	4
Swansea	1	Montague	1	Littleton	2
Taunton	22	Orange	2	Lowell	48
Westport	3	Shelbourne	2	Malden	43
		Warwick	1	Marlborough	6
				Maynard	4

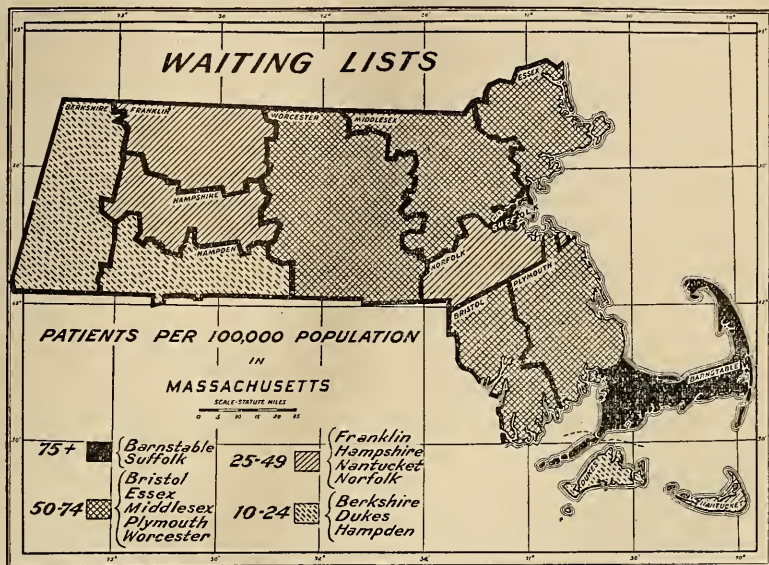
TABLE 16. — *Cases on the Waiting List of the Three State Schools on November 30, 1938, By County and City or Town of Residence. — Concluded*

County and City or Town of Residence	Number	County and City or Town of Residence	Number	County and City or Town of Residence	Number
Medford	36	PLYMOUTH	92	Royalston	1
Melrose	14			Shrewsbury	5
Natick	11	Abington	3	Southborough	1
Newton	34	Bridgewater	15	Southbridge	4
North Reading	1	Brockton	25	Spencer	2
Pepperell	3	Hanover	3	Sterling	1
Reading	7	Hanson	4	Sturbridge	3
Shirley	1	Hingham	4	Sutton	3
Somerville	56	Hull	1	Templeton	6
Stoneham	10	Kingston	1	Upton	1
Tewksbury	74	Lakeville	1	Uxbridge	2
Townsend	2	Marion	1	Webster	12
Wakefield	14	Middleborough	7	Westborough	6
Waltham	23	Norwell	1	West Brookfield	1
Watertown	18	Plymouth	7	Westminster	1
Wayland	1	Rockland	2	Winchendon	4
Westford	1	Scituate	6	Worcester	125
Weston	1	Wareham	6		
Wilmington	5	West Bridgewater	1	NON-RESIDENTS	—
Winchester	16	Whitman	4		
Woburn	13			UNKNOWN	203
		SUFFOLK	770		
NANTUCKET	1			Grand Total	2743
		Boston	695		
Nantucket	1	Chelsea	35		
		Revere	28		
NORFOLK	136	Winthrop	12		
Avon	1	WORCESTER	284		
Bellingham	2				
Braintree	7	Athol	2		
Brookline	10	Auburn	1		
Canton	5	Barre	1		
Cohasset	2	Blackstone	1		
Dedham	7	Boylston	3		
Foxborough	3	Charlton	3		
Franklin	4	Clinton	6		
Holbrook	1	Fitchburg	35		
Medfield	1	Gardner	3		
Medway	2	Grafton	3		
Millis	2	Harvard	3		
Milton	8	Holden	1		
Needham	4	Hopedale	2		
Norwood	11	Lancaster	3		
Quincy	29	Leicester	3		
Randolph	6	Leominster	16		
Sharon	7	Millford	10		
Stoughton	6	Millbury	4		
Walpole	5	Northbridge	3		
Wellesley	5	North Brookfield	1		
Westwood	1	Oxford	1		
Weymouth	7	Phillipston	1		

individuals now in the community. The rate of increase in the number of new and unsuccessful applicants for admission each year is so high that the foregoing conclusion is inescapable. In 1938 only 280 children could be admitted to our three state schools whereas 453 were admitted in 1937. When new construction does not keep up with the increasing demand, overcrowding results and the number of possible admissions decreases from year to year. The state school is the nucleus around which a satisfactory plan for the care of mental defectives must be built. There is a type of mental defective with certain physical or conduct difficulties that can be best cared for within a state school. Without adequate provision for this destructive institutional type of case, other efforts in the care of this group are severely handicapped.

In the past the supposedly ideal treatment of the mental defective of high mental grade has been admission to a specialized school, a period of education and training, followed by placement at wages and supervision in the community. There is little doubt but that this schedule is necessary and advisable for certain types of cases. However, with changing economic and social conditions, increasing numbers of mental defectives have come to the attention of various social and state agencies. For several years the three state schools in Massachusetts have had a resident population of over 5,000 persons, and about 400 admissions each year. To the Central Registry for Mental Defectives over 4,000 *new cases* of mental deficiency have been reported each year. One

in ten of the new cases being registered is gaining admission to a State school, leaving ninety per cent still in the community. Within ten years our registry will have over 40,000 new cases recorded. About 4,000 of these will have gained admission to a State school, leaving 36,000 remaining in the community. The need for community supervision is obvious.



GRAPH II. — RESIDENCE OF APPLICANTS ON WAITING LISTS OF STATE SCHOOLS, 1938. RATES PER 100,000 ESTIMATED POPULATION OF SAME COUNTY

The cost of State school care in Massachusetts, including capital charges and depreciation, is about \$450 per year. Community supervision can be supplied by our Divisional workers at a cost of about \$30 per year. If we look ahead to the 40,000 new cases that will be registered by 1948, we see that the cost of making institutional provision for this entire group* would be approximately \$80,000,000. In addition, the cost of maintenance would be approximately \$18,000,000 per annum. State-wide community care of this group would cost approximately \$1,200,000 per year. Here we have the suggestion that community care is not going to be the advisable approach for the future but the absolutely necessary one. Of course, we shall have to go part way in increasing our institutional provision for types which cannot be cared for in the community.

The special class movement has been of great help in the keeping of the younger retarded children in the community. Without this development in the field of education many additional thousands of children would have had to be admitted to one of our state schools. The special class cares for this retarded group until they are sixteen. When they leave school this supervision is relaxed and difficulties arise. At the age of 16 the mental defective is not ready to stand on his own feet alone and unassisted. Additional supervision for these children until they reach the age of 21 would be of tremendous benefit in tiding them over a very critical period, and would undoubtedly keep in the community many now being admitted to state schools between the ages of 16 and 21. Community adjustment and self-support are accomplishments which are beyond many mental defectives unless a guiding hand is available. The means of providing this needed assistance should be effected at the earliest possible date.

Since 1927 the Division has been carrying on a research project based on the school clinic records. Coding of the material has been a rather slow process with only one

*This estimate is based upon a conservative construction cost per bed of \$2,000. Recent costs in Massachusetts have run above \$3,000 per bed.

worker, and the number of publications has been necessarily small. Over 114,000 examinations are available for study and offer an unparalleled opportunity for the study of the retarded and mentally defective child. Up to the present date about 46,000 of these records have been coded and are ready for analysis. That the work may be accelerated and these valuable facts given to the world, it is suggested that one additional research worker be made available for this work.

At the end of 1938 the Division was carrying a total of 352 persons on its books. Many of these would require admission to a State school if this supervision were not available. The keeping of these cases in the community has been responsible for a saving to the Commonwealth of many thousands of dollars reckoned in terms of State school care.

At a time when expenses of state school provision are becoming almost prohibitive, the enlargement of the divisional activities along the line of community supervision seems a more sensible way of caring for the thousands of mental defectives coming to our attention. We should be working toward a state-wide plan for the community supervision of mental defectives. A plan for the supervision of mental defectives in the younger years will mean a smaller number of these individuals becoming public charges later in life.

Appreciation is herewith expressed to the Commissioner for his cooperation throughout the year.

Respectfully submitted,

NEIL A. DAYTON, M.D., *Director*

REPORT OF THE SUPPORT DIVISION

To the Commissioner of Mental Health:

I herewith report the work of this Division for the year ending November 30, 1938, as follows:

Visits to the Hospitals	171
Histories taken at Hospitals	5,302
Visits to relatives of patients and others for investigation:	
By outside visits	6,385
By office calls	757
By telephone	1,576

Total Investigations	8,718
Cases submitted for deportation to the U. S. Commissioner of Immigration	7
Cases submitted for deportation by the Department	91

Support Cases, not including Ex-Service men of the World War

Cases pending November 30, 1937	813
New Cases	3,410
	4,223
Made Reimbursing	1,165
Accepted as State Charges	1,810
Pending November 30, 1938	1,248
	4,223

Reimbursing Cases

Cases remaining in Hospitals November 30, 1937	2,304
New Cases	1,238
	3,542
Died	370
Discharged or on visit Nov. 30, 1938	591
Dropped — accepted as State Charges	188
Transferred to other Institutions	82
Accepted by Veterans' Administration	4
Remaining in Hospitals November 30, 1938	2,307
	3,542

Cases of Ex-Service men of the World War considered by the U. S. Veterans' Administration for support between November 30, 1937 and November 30, 1938.

Cases remaining in Hospitals November 30, 1937	7
New Cases	14
Returned from visit	1
	22

Died	1	
Discharged or on visit	12	
Transferred to other State Institutions	0	
Made Reimbursing	1	
Rejected	0	
Remaining in Hospitals November 30, 1938	8	
		22
Ex-service men actually in the Hospitals November 30, 1938		455
Cases chargeable to Veterans' Administration	8	
Cases not yet chargeable (rejected or pending)	447	
		455

Attorney General Cases

Cases pending in the office of the Attorney General, November 30, 1937	121	
Reported during the year	43	
		164
Cases closed during the year	18	
Cases pending November 30, 1938	146	
		164

Summary of Work of Investigators and Clerical Force

There were 903 investigations made at Probate Courts. In addition to outside work, the staff of Investigators spent nearly 5,000 hours in the office preparing for such work and reporting the results of their investigations.

Three thousand, one hundred and eighty-three letters were written concerning the general work of the Division and 1,947 letters concerning ex-service men and Veterans' Administration matters. Five hundred and forty-nine clinical abstracts and 797 stencil forms were transmitted to the Veterans' Administration.

Eight thousand, one hundred and fifty documents relating to Probate matters were handled. Six thousand and thirty-three history slips were prepared for the use of the Investigators and, including transfer records, 6,637 histories were written.

About 20,000 bills were sent out, not including bills sent to the Veterans' Administration. Bills amounting to \$7,562.00 were rendered to the Veterans' Administration during the year.

Receipts for Support of Reimbursing Patients

HOSPITAL	Year ending: Nov. 30, 1937	Year ending: Nov. 30, 1938	Total since Jan. 1, 1904
Psychopathic	\$1,427.26	\$565.00	\$40,955.13
Boston	77,737.31	88,072.67	1,799,185.56
Danvers	110,616.68	105,145.07	2,349,522.52
Foxborough	48,601.04	52,139.61	770,498.32
Gardner	36,307.36	37,779.24	466,822.09
Grafton	15,229.64	25,384.34	479,992.06
Medfield	39,479.05	48,817.39	841,078.19
Metropolitan	36,823.10	47,763.74	281,277.94
Northampton	90,832.03	89,610.11	1,811,105.47
Taunton	64,034.94	61,196.50	1,311,299.78
Westborough	111,937.16	110,590.70	2,329,376.50
Worcester	71,608.03	66,865.87	1,733,276.12
Monson	15,097.86	15,040.37	405,228.20
Belchertown	7,220.87	5,733.47	86,873.85
Fernald	24,949.08	19,242.14	360,188.11
Wrentham	13,800.55	11,299.52	178,458.18
Infirmiry	1,370.54	1,444.47	95,207.52
Bridgewater	2,094.62	3,077.57	117,233.93
Hospital Cottages	250.05	416.69	3,026.62
Family Care	—	—	17,344.87
Foxborough Labor	—	—	3,370.45
Alms Houses	—	—	923.66
	\$769,417.17	\$790,184.47	\$15,482,245.07

This report shows that the total collections on account of reimbursements for support of patients were \$790,184.47. Of this amount \$7,823.00 was received for the support of ex-service men of the World War, leaving a balance of \$782,361.47 as the amount collected for the support of civilian cases.

Total receipts for support indicate a per capita collection for the year of \$27.52 as against \$27.23 for year ending November 30, 1937.

Yearly Totals from January 1, 1904

From January 1, 1904 to September 30, 1904	\$31,882.11
Year ending September 30, 1905	72,750.93
From October 1, 1905 to November 30, 1906 (14 months)	87,804.66
Year ending November 30, 1907	79,495.76
Year ending November 30, 1908	86,867.04
Year ending November 30, 1909	102,468.57
Year ending November 30, 1910	117,588.91
Year ending November 30, 1911	124,083.94
Year ending November 30, 1912	133,059.95
Year ending November 30, 1913	133,818.23
Year ending November 30, 1914	130,671.57
Year ending November 30, 1915	139,375.33
Year ending November 30, 1916	141,585.18
Year ending November 30, 1917	174,710.70
Year ending November 30, 1918	179,161.66
Year ending November 30, 1919 (including soldiers \$3,421.75)	182,240.81
Year ending November 30, 1920 (including soldiers 99,008.25)	296,178.62
Year ending November 30, 1921 (including soldiers 106,951.57)	311,631.57
Year ending November 30, 1922 (including soldiers 127,106.00)	359,582.44
Year ending November 30, 1923 (including soldiers 106,573.00)	364,142.75
Year ending November 30, 1924 (including soldiers 302,434.00)	601,505.73
Year ending November 30, 1925 (including soldiers 36,271.00)	452,416.45
Year ending November 30, 1926 (including soldiers 67,369.00)	922,452.99
Year ending November 30, 1927 (including soldiers 84,500.00)	987,469.80
Year ending November 30, 1928 (including soldiers 87,599.00)	1,006,625.43
Year ending November 30, 1929 (including soldiers 14,926.86)	939,846.19
Year ending November 30, 1930 (including soldiers 18,104.00)	947,503.03
Year ending November 30, 1931 (including soldiers 19,048.00)	917,593.67
Year ending November 30, 1932 (including soldiers 849.00)	819,870.81
Year ending November 30, 1933 (including soldiers 11,220.00)	778,830.53
Year ending November 30, 1934 (including soldiers 6,698.00)	754,582.59
Year ending November 30, 1935 (including soldiers 4,642.00)	779,117.76
Year ending November 30, 1936 (including soldiers 7,634.00)	765,727.72
Year ending November 30, 1937 (including soldiers 9,477.00)	769,417.17
Year ending November 30, 1938 (including soldiers 7,823.00)	790,184.47

\$15,482,245.07*Number and Board Rates of Reimbursing Patients for the Year ending October 1, 1938*

INSTITUTIONS	Daily Average Number		Average Weekly per Capita Rate	Number October 1, 1938		United States Deportation Cases		Soldier Cases			
						Daily Average Number		Average Weekly Per Capita	Daily Average Number		Average Weekly Per Capita
	M.	F.		M.	F.	M.	F.		M.	F.	
Psychopathic	.95	1.21	7.52	—	1	.03	.04	35.00	.22	—	35.00
Boston	66.14	123.13	7.54	82	167	—	—	—	.39	1.08	14.00
Danvers	94.53	181.18	7.59	104	229	—	—	—	.27	—	14.00
Foxborough	35.45	78.81	7.83	45	103	—	—	—	.66	—	14.00
Gardner	33.32	68.04	8.04	31	59	—	—	—	—	—	—
Grafton	25.09	22.26	8.07	19	24	.29	—	35.00	—	.92	14.00
Medfield	37.32	70.85	7.95	35	77	.27	.19	35.00	.51	—	14.00
Metropolitan	33.52	77.36	7.23	47	97	—	—	—	.39	—	14.00
Northampton	78.15	163.76	7.35	81	191	—	—	—	.74	—	14.00
Taunton	53.22	113.22	7.55	58	111	—	—	—	.56	—	14.00
Westborough	88.39	183.79	7.79	98	202	—	—	—	.07	2.17	14.00
Worcester	72.53	99.08	7.56	68	112	—	—	—	.33	2.07	14.00
Monson Sane } Insane }	25.84	32.00	4.92	32	37	—	—	—	—	—	—
Belchertown	15.90	9.82	4.18	24	17	—	—	—	—	—	—
Fernald	47.94	30.56	6.95	56	38	—	—	—	—	—	—
Wrentham	24.25	23.96	5.07	48	23	—	—	—	—	—	—
Infirmary	—	3.89	4.94	—	8	—	—	—	—	—	—
Bridgewater	4.10	—	7.20	7	—	—	—	—	1.39	—	14.00
Hosp. Cottages	2.19	.58	2.36	3	1	—	—	—	—	—	—
Family Care	—	—	—	—	2	—	—	—	—	—	—
	738.83	1,283.50	7.41	838	1,499	.59	.23	35.00	5.53	6.24	14.00

I am also submitting a statement showing receipts on account of support for each year from January 1, 1904, which shows the receipts by hospitals for each year and also for the year ending November 30, 1937, and the total receipts credited to each hospital since January 1, 1904. The total receipts on account of reimbursements since January 1, 1904 are \$15,482,245.07.

This Division has an active reimbursing list of approximately 2,300, the maximum rate in any case being \$10.00 per week and the minimum rate being \$0.50 per week.

For the fiscal year ending November 30, 1938, this Division of the Department submitted 98 cases to the Medical Division, for deportation to other states and countries.

Respectfully submitted,

PAUL A. GREEN, *Supervisor.*

ACKNOWLEDGMENT

Grateful appreciation is herewith expressed to the Rockefeller Foundation for the appropriation received to be used in the work of completing and publishing some of the researches conducted under previous grants. The first investigation was made through a grant from the Laura Spelman Rockefeller Fund for the three-year period July, 1928 to July, 1931, inclusive. On the latter date our research project was further extended by the Foundation for a three-year period and ended on July 1, 1934. The present grant for publication purposes covers the period from January 1, 1935 to December 31, 1939.

CLIFTON T. PERKINS, M.D., *Commissioner.*

REPORT OF THE DIVISION OF STATISTICAL RESEARCH

To the Commissioner of Mental Health:

A report of the work of the Division of Statistical Research for the year ending November 30, 1938, is respectfully submitted.

During the past year a large amount of investigative and writing up of the material has been completed in reference to certain items to be covered in the first volume. The amount of detail involved in sorting the cards of this study, based upon over 121,000 cases, and the necessary calculations, is tremendous. However, it is expected that this material will soon be ready for publication.

The Director wishes to express his appreciation to the Commissioner and to the other members of the Research Committee for their cooperation and advice which have been most helpful at all times.

Respectfully submitted,

NEIL A. DAYTON, M.D., *Director.*

REPORT OF THE DIVISION OF STATISTICS

To the Commissioner of Mental Health:

A report on the work of the Division of Statistics for the year ending November 30, 1938, is respectfully submitted.

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- II. Statistical Review: Subjects of Text Discussion.
 - A. General Discussion of All Classes under Care. — Pages 136-142
 - B. Admissions to Mental Hospitals During 1938. — Pages 142-171
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 - D. Deaths in Mental Hospitals During 1938. — Pages 192-210
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- III. Graphs
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Non-Psychotic Epileptics at Monson State Hospital — Pages 286-290

The Statistical work of the Department was completely reorganized in 1927, when complete centralization of procedure was effected in the thirteen State Hospitals and the three State Schools. At that time a new system of recording data on all patients was put into effective operation, both at the individual institutions and at the central Department. By this means the amount of available data on our patient population, both insane and feeble-minded, was tremendously increased. The system was installed also at the Bridgewater State Hospital, the Mental Wards at Tewksbury, the McLean Hospital, and U. S. Veterans' Hospitals Nos. 95 and 107, Northampton and Bedford, respectively. Thus we have a total of twenty-one institutions coming under the Department statistical system which gives us an invaluable State-wide sample of mental disease or defect for any one year. Approximately ninety-eight per cent of admissions for mental disease in the Commonwealth are reported by this means.

Each institution sends to the Department a statistical card indicating the admission, discharge or death of each patient and at the end of the year a set of twenty standard tables are made up and returned to the institution for publication in its annual report. All statistical work is removed from the institution and the machine equipment at the central office made use of to relieve institutions of these duties. The Division also prepares the annual report for each hospital and school which is required by the United States Bureau of the Census. Other analyses are made from time to time in connection with various research projects under way in certain hospitals and schools.

During 1934, a new departure was made in presenting statistics on patients in our mental hospitals. In addition to presenting data in accordance with the new psychiatric classification of mental disorders, all admissions, discharges, deaths, resident population and patients out of institutions were divided into first and readmissions.

The above differentiation and analysis of deaths, discharges and resident population in accordance with their status at admission is a new approach and has been developed in Massachusetts and used for the first time in Department Annual Reports.

Attention is also called to the fact that the 1934 Report was the first to add an analysis of patients out of institutions, on visit, etc., at the end of the year. In view of the fact that these patients comprise ten percent of the total number of cases on the books of mental hospitals in this State, their inclusion in our annual statistics has been made a permanent procedure.

From year to year certain general refinements and additions are made to the Annual Report. These are adopted in accordance with the number of requests for new and heretofore unpublished data, or to complete the presentation of certain items which had formerly been only partially covered.

The year of 1937 marked a very significant change in the presentation of statistics by the Department. It has been deemed advisable to change completely the set-up used in the past in reference to the cases designated as first or readmissions. When Massachusetts adopted its statistical system in accordance with the advices of the National Committee for Mental Hygiene in the year 1917, first admissions under court commitment were to take precedence over all other forms of admissions. Consequently, previous admissions under temporary care or observation commitment were discarded in deciding whether a case was a first or a readmission. At the time of the adoption of this criterion, it was felt that the court commitment cases were usually psychotic, while the other forms of admission embraced the non-psychotic group. Recently, an investigation under our Rockefeller Research project showed that definite changes have taken place over the years which render invalid these original assumptions.* Our research analyses have shown that substantial numbers of temporary care and observation care cases discharged at the end of the ten-day or thirty-five day period have been diagnosed as "with psychosis." Under the old statistical plan, these admissions were not counted. If these patients were admitted a year or two later on a court commitment, the previous temporary care admission would be discarded and the present admission considered as a first

* The research material for the years 1917-1933 has been used to give us the data for trend studies, all presented on the new basis. The tables showing changes in the psychoses over the years 1917-1933 are also based upon the research analysis. Otherwise the present report would offer data which could not be compared with the earlier years.

admission. Cases have been encountered with several previous admissions, all with psychosis, coming in under the various short forms of admission. Yet, when first admitted on court commitment, they have been reported as a first admission.

These facts have seemed to warrant a complete change in the classification of our first and readmissions. Experience has taught that a first or readmission should mean exactly what this classification suggests. A first admission should mean that the patient is entering a mental hospital for the *first time*. Clearly, the administrative detail of his entrance, such as form of admission, is a minor issue. In turn, a readmission should mean that the patient has had a previous admission to a mental hospital and is again being returned to a mental hospital. The old classification as to first and readmissions, originally adopted in accordance with the criteria of the National Committee for Mental Hygiene, no longer meets our changed requirements.

It may be well to explain that the inclusion of all types of admission forms in our regular statistics will mean an increase in admission rates in comparison with the previous statistics based on court commitments only. However, the admission rates of the past, based on court admissions only, were understating the number of psychotic individuals admitted to our mental hospitals. It is obvious that this condition should be corrected at the earliest possible moment. While this change will increase our admission rates, at the same time it will also increase the discharge rates. The present emphasis on court cases tends to minimize the efficiency of our hospitals in that patients remaining for shorter periods, those admitted by temporary care, observation or voluntary admission, are excluded from the statistics on discharge. Many of these are definitely psychotic. This means that our discharge rates are based on the court cases, which have a longer hospital stay. Inclusion of the short residence psychoses will balance this situation and show the true situation in reference to both discharge rates and the length of hospital stay. For example, the court cases "with mental disorder" who were discharged during 1936 showed a hospital residence of 1.1 years (first admissions) and 1.8 years (readmissions). By including all types of admissions the 1937 cases "with mental disorder" who were discharged show an average hospital stay of .7 years (first admissions) and 1.1 years (readmissions). This change will enable us to present, for the first time, the true picture of the outcome of *all* admissions with mental disorder and of the general efficiency of our mental hospitals in Massachusetts.

Another change was initiated beginning with the 1937 report. For many years the statistics of the Monson State Hospital have been unsatisfactory owing to the obvious mixture of the patients at that institution. Monson has not only cared for epileptics with psychoses but also for other, and often younger, patients who have epilepsy without the presence of a mental disorder. For some years the section on convulsive disorders of the American Psychiatric Association has presented a separate clinical classification for epileptics without mental disorder. Other states have used this clinical classification in reporting their non-psychotic epileptics and it has been deemed advisable that Massachusetts should conform to this procedure so that comparable statistics may be available. As a consequence, last year the statistics of the Monson State Hospital were divided into two sections. The first section is based on the psychiatric classification and presents data on the epileptic psychoses using the regular standard tables of the American Psychiatric Association. The second section is based upon the clinical classification of convulsive disorders, non-psychotic. These tables are presented completely in the Annual Report of the Monson State Hospital, and certain of the tables on the non-psychotic epileptics are also presented in a new section in the Annual Report of the Department of Mental Health.

With the exception of the above changes, the present report presents the same material as in preceding years. The main part of the report, devoted to mental diseases, offers separate sections on admissions, discharges, deaths, and resident population. The material of these sections is, of course, divided into first and readmissions. The section on mental deficiency presents the same divisions. Owing to the extremely small numbers of readmissions, however, the discharges, deaths, and resident population are not divided into first and readmissions. The third section on non-psychotic epileptics completes the report which embraces a total of 287 tables.

Respectfully submitted,

NEIL A. DAYTON, M.D., *Director*

DEPARTMENTAL STATISTICS

TABLE A. — General Statement of the Department for the Year Ending November 30, 1938 — By Institution

INSTITUTIONS	Year of Open- ing	Number of Under Care	Num- ber Total Admis- sions ¹	ACREAGE			VALUATION (See Notes)		
				Total Acres	Buildings Sites and Grounds, (Acres)	Available for Culti- vation, (Acres)	Land ⁴	Buildings and Betterments ⁵	Total
<i>Hospitals for Mental Diseases:</i>									
Boston Psychopathic Hospital	1912	71	2,185	2.00	2.00	—	\$48,900.00	\$447,469.72	\$496,369.72
Boston State Hospital	1839 ²	2,360	946	224.66	224.66	—	974,100.00	3,866,792.76	4,840,892.76
Danvers State Hospital	1878	2,325	964	517.68	111.18	406.50	101,317.00	2,879,421.04	2,980,738.04
Foxborough State Hospital	1893	1,430	339	352.40	203.90	148.50	35,400.00	2,333,204.44	2,368,604.44
Gardner State Hospital	1902	1,430	197	1,856.00	1,395.96	460.04	41,403.00	1,574,723.09	1,616,126.09
Grafton State Hospital	1915 ³	1,543	207	1,087.90	820.65	267.25	39,512.00	1,676,972.62	1,716,484.62
Medfield State Hospital	1896	1,824	203	666.65	398.80	267.85	55,242.00	1,828,669.20	1,883,911.20
Metropolitan State Hospital	1930	1,875	196	386.96	104.00	282.96	79,025.00	4,593,901.39	4,672,926.39
Northampton State Hospital	1858	2,037	649	612.70	371.70	241.00	175,565.00	2,902,331.25	3,077,896.25
Northampton State Hospital	1854	1,699	557	467.95	265.00	202.95	62,075.00	2,531,460.33	2,593,535.33
Taunton State Hospital	1886	1,611	597	763.93	173.93	590.00	60,830.00	1,707,059.85	1,767,889.85
Westborough State Hospital	1833	2,346	761	584.95	404.16	180.79	389,507.00	2,443,598.50	2,833,105.50
Worcester State Hospital	1833	2,346	761	584.95	404.16	180.79	389,507.00	2,443,598.50	2,833,105.50
Monson State Hospital (epileptic)	1898	1,545	156	661.79	530.12	131.67	17,645.00	1,900,355.04	1,918,000.04
Total		21,996	7,957	8,185.57	5,006.06	3,179.51	\$2,080,521.00	\$30,685,959.23	\$32,766,480.23
<i>Schools for Mental Defectives:</i>									
Belchertown State School	1922	1,301	77	843.10	634.99	208.11	\$29,758.10	\$2,584,821.57	\$2,614,579.67
Walter E. Fernald State School	1848	1,968	91	2,051.69	1,402.02	649.67	149,694.00	2,431,610.80	2,581,304.80
Wrentham State School	1907	1,992	120	594.50	280.00	314.50	34,252.00	1,713,723.75	1,747,975.75
Total		5,261	288	3,489.29	2,317.01	1,172.28	\$213,704.10	\$6,730,156.12	\$6,943,860.22
Grand Total		27,257	8,245	11,674.86	7,323.07	4,351.79	\$2,294,225.10	\$37,416,115.35	\$39,710,340.45

¹ Valuation as per Sections 13 to 17, Chapter 58, General Laws.² Taken over by State in 1908.³ Part of Worcester State Hospital from 1877 to 1915.⁴ Valuation by Committee of Comptroller and Representatives of Institutional Departments.

TABLE B. — *Patients in Residence, Total Admissions, Officers and Employees in Department Institutions on November 30, 1938 — By Institution*

INSTITUTIONS	Number Patients Actually in Institution	Number Total Admissions ¹	NUMBER OF OFFICERS AND EMPLOYEES							NUMBER OF PATIENTS TO EACH			
			Total	Physicians	Resident Dentists	Industrial and Educational Department	Social Workers	Graduate Nurses	Other Nurses and Attendants	All Others	Resident Physician	Nurse and Attendant	Em- ployee
<i>Hospitals for Mental Diseases:</i>													
Boston Psychopathic Hospital	71	2,185	152	11	1	2	6	15	37	80	6.45	1.37	4.47
Boston State Hospital	2,360	946	733	19	1	17	4	54	401	237	124.21	5.19	3.22
Danvers State Hospital	2,325	964	541	12	1	8	4	45	294	177	193.75	6.86	4.30
Foxborough State Hospital	1,430	339	328	8	1	5	3	16	168	127	178.75	7.77	4.36
Gardner State Hospital	1,430	197	327	8	1	9	1	55	128	125	178.75	7.81	4.37
Grafton State Hospital	1,543	207	401	9	1	6	1	20	186	178	171.44	7.49	3.85
Medfield State Hospital	1,824	203	465	7	1	8	3	35	234	177	260.57	6.78	3.92
Metropolitan State Hospital	1,875	196	406	8	1	6	2	32	220	137	234.37	7.44	4.61
Northampton State Hospital	2,037	649	457	11	1	7	3	38	259	159	185.18	7.35	4.46
Northampton State Hospital	1,699	557	450	10	1	6	3	38	235	156	169.90	6.22	3.78
Taunton State Hospital	1,611	597	422	10	1	6	3	38	188	176	161.10	7.13	3.82
Westborough State Hospital	2,346	761	626	13	1	9	4	70	301	228	180.46	6.32	3.75
Worcester State Hospital	1,545	156	412	7	1	5	2	27	225	145	220.71	6.13	3.75
Monson State Hospital (epileptic)													
Total Hospitals	21,996	7,957	5,720	133	13	94	39	463	2,876	2,102	165.37	6.59	3.85
<i>Schools for Mental Defectives:</i>													
Belchertown State School	1,301	77	298	6	1	20	3	4	164	100	216.81	7.74	4.37
Walter E. Fernald State School	1,968	91	461	10	1	33	3	1	290	123	196.80	6.76	4.27
Wrentham State School	1,992	120	395	8	1	26	2	—	255	103	249.00	7.81	5.04
Total Schools	5,261	288	1,154	24	3	79	8	5	709	326	219.21	7.37	4.56
Grand Total	27,257	8,245	6,874	157	16	173	47	468	3,585	2,428	173.61	6.73	3.97

¹ During Statistical Year Ending September 30, 1938.

TABLE C. — Average Weekly Per Capita Costs* for Maintenance and Operation for the Period 1917 to 1938, by Institution

INSTITUTIONS		1917	1920	1925	1930	1935	1936	1937	1938
<i>Hospitals for Mental Diseases:</i>									
Boston Psychopathic Hospital	.	\$25.95	\$36.90	\$48.94	\$55.20	\$55.959	\$58.852	\$63.632	\$64.036
Boston State Hospital	.	5.71	7.64	6.73	7.18	7.732	8.551	9.914	9.076
Danvers State Hospital	.	5.61	7.24	6.45	6.97	6.591	6.991	7.622	7.500
Foxborough State Hospital	.	8.36	10.60	8.27	7.75	7.091	7.893	8.583	8.013
Gardner State Hospital	.	5.02	6.92	6.73	6.95	6.59	6.955	7.627	7.738
Grafton State Hospital	.	5.38	7.34	7.13	7.37	7.583	8.363	8.744	8.757
Medfield State Hospital	.	5.49	7.29	6.36	6.82	6.582	7.075	7.725	7.515
Metropolitan State Hospital	.					6.094	6.737	7.358	7.387
Northampton State Hospital	.	5.15	6.52	6.43	6.22	5.81	6.09	7.358	7.141
Taunton State Hospital	.	5.37	6.65	6.71	7.35	6.731	7.048	8.001	7.652
Westborough State Hospital	.	6.19	8.10	7.36	7.32	7.351	7.916	8.650	8.194
Worcester State Hospital	.	5.26	6.42	6.78	7.09	7.066	7.569	8.332	8.511
Monson State Hospital (epileptic)	.	5.44	7.42	6.62	7.42	7.028	7.951	8.817	8.580
Average per capita cost including Psychopathic	.	\$5.71	\$7.45	\$7.02	\$7.33	\$7.071	\$7.755	\$8.440	\$8.231
Average per capita cost excluding Psychopathic	.	\$5.57	\$7.27	\$6.80	\$6.97	\$6.88	\$7.564	\$8.245	\$8.042
<i>Schools for Mental Defectives:</i>									
Belchertown State School	.	—	—	\$8.06	\$8.03	\$6.832	\$7.448	\$7.963	\$7.550
Walter E. Fernald State School	.	\$4.68	\$6.70	6.99	7.19	6.683	7.192	7.340	7.351
Wrentham State School	.	4.57	6.95	6.81	6.62	5.808	6.225	6.594	6.459
Average per capita cost	.	\$4.64	\$6.81	\$7.14	\$7.25	\$6.40	\$6.895	\$7.216	\$7.066
Average per capita cost of all Institutions	.	\$5.54	\$7.34	\$7.04	\$7.32	\$6.942	\$7.59	\$8.206	\$8.011

*This table is figured less sales, but not less paying patients and other receipts.

TABLE D. — *Percentage of Total Costs of Maintenance and Operation Collected from Paying Patients from 1917-1938*

INSTITUTIONS		1917	1920	1925	1930	1935	1936	1937	1938
<i>Hospitals for Mental Diseases:</i>									
Boston Psychopathic Hospital	.	—	7.21	2.05	.59	3.58	4.04	5.04	5.22
Boston State Hospital	.	5.09	7.49	7.63	12.21	10.68	8.09	6.38	7.66
Danvers State Hospital	.	5.71	7.49	12.32	19.55	14.33	12.72	12.29	11.51
Foxborough State Hospital	.	3.08	3.97	6.29	14.30	11.38	9.63	8.28	9.03
Gardner State Hospital	.	1.63	1.32	2.89	9.19	5.50	4.24	6.60	6.09
Grafton State Hospital	.	2.06	2.76	1.98	4.45	4.45	2.99	2.28	3.70
Medfield State Hospital	.	2.63	2.97	4.48	6.02	5.71	6.39	5.41	6.64
Metropolitan State Hospital	.	—	—	—	—	7.90	6.59	5.40	6.43
Northampton State Hospital	.	6.58	10.21	13.15	23.18	17.70	14.11	12.33	11.88
Taunton State Hospital	.	5.22	5.40	8.36	13.17	8.78	8.44	9.40	9.02
Westborough State Hospital	.	5.39	5.05	11.18	29.45	19.59	19.13	16.45	16.37
Worcester State Hospital	.	4.61	7.10	6.62	12.28	8.50	6.59	6.71	6.06
Monson State Hospital (epileptic)	.	2.35	2.06	4.82	4.86	3.13	3.20	2.17	2.17
Average	.	4.11	3.28	7.12	12.99	9.77	8.46	7.73	7.95
<i>Schools for Mental Defectives:</i>									
Belchertown State School	.	—	—	.36	1.85	1.75	1.26	1.35	1.11
Walter E. Fernald State School	.	1.07	1.19	2.17	3.82	2.58	2.43	3.41	2.59
Wrentham State School	.	.41	.38	1.04	2.62	2.87	2.31	1.88	1.61
Average	.	.81	.83	1.33	2.90	2.45	2.06	2.31	1.86
Grand Average	.	3.66	4.59	6.08	11.16	8.47	7.35	6.85	6.94
Family Care Under Department	.	9.95	—	23.67	3.65	—	—	—	—

NOTE: — See tables showing number and percentage paying patients on page ... for Institutions for the Insane, Feeble-minded and Epileptic, and page ... for Institutions for the Feeble-minded.

TABLE E. — *Percentage of Total Net Expenditures by the State Expended for the Care of Mental Diseases, Mental Defectives and Epileptics from 1913 to 1938*

FISCAL YEAR ENDED NOVEMBER 30 OF EACH YEAR	Total Expended by the State	Total Expended for Care of Insane, Feeble-minded and Epileptic*	Percentage
1913	\$24,543,221.70	\$4,632,593.84	18.88
1919	53,769,626.25	6,864,669.63	12.77
1920	46,648,928.67	7,852,184.56	16.83
1921	41,669,278.65	8,252,082.46	19.80
1922	44,114,727.08	8,217,175.36	18.63
1923	45,438,413.85	8,777,574.59	19.10
1924	47,286,108.80	8,577,393.51	18.14
1925	46,613,633.49	8,506,305.01	18.25
1926	49,164,754.28	8,674,918.98	17.64
1927	51,537,132.98	9,537,342.42	18.51
1928	53,763,560.75	10,441,689.17	19.42
1929	58,346,381.85	12,030,668.66	20.62
1930	64,150,582.95	12,728,067.23	19.84
1931	75,282,580.95	12,408,228.22	16.48
1932	77,971,941.54	11,495,403.21	14.74
1933	64,091,084.85	8,921,067.31	13.92
1934	71,570,396.94	10,684,191.91	14.93
1935	83,034,847.94	14,314,064.13	17.33
1936	93,384,601.54	14,398,158.44	15.42
1937	98,604,007.51	13,533,255.49	13.72
1938	113,124,705.28	13,452,784.09	11.89

*Includes Department, Institutions, Mental Wards at Tewksbury, and State Farm (Bridgewater).

NOTE:— The absence of data for years 1914 to 1918 inclusive is due to the fact that figures are not available. Previous to 1918 the report of the Auditor of the Commonwealth did not show a recapitulation giving the total State expenses inasmuch as many of the expenses of the State were paid out of funds. In 1924 a comparison of 1923 with 1913 was desired and an analysis of the Auditor's report of 1913 was made, throwing all fund expenditures into the revenue expenditures of that year. This was a task of such magnitude that it has not been deemed advisable to continue covering the years 1914 to 1918 inclusive.

TABLE F. — *Number of Patients in State Institutions for the Insane, Feeble-minded, and Epileptics, and Overcrowding, September 30, 1938*

INSTITUTIONS	Capacity	Patients in Institutions	OVERCROWDING	
			Number	Percent- age
<i>State Hospitals</i>				
Worcester State Hospital	2,385	2,364	-21	- .88
Taunton State Hospital	1,285	1,693	408	31.75
Northampton State Hospital	1,729	2,020	291	16.83
Danvers State Hospital	1,861	2,352	491	26.38
Westborough State Hospital	1,334	1,590	256	19.19
Boston State Hospital	2,116	2,386	270	12.75
Boston Psychopathic Hospital	109	77	-32	-29.35
Grafton State Hospital	1,258	1,510	252	20.03
Medfield State Hospital	1,588	1,812	224	14.10
Gardner State Hospital	1,186	1,433	247	20.82
Foxborough State Hospital	1,134	1,405	271	23.89
Metropolitan State Hospital	1,589	1,864	275	17.30
Total	17,574	20,506	2,932	16.68
Monson State Hospital (epileptic)	1,177	1,550	373	31.69
Total State Hospitals and Monson	18,751	22,056	3,305	17.62
<i>State Schools</i>				
Belchertown State School	1,102	1,296	194	17.60
Walter E. Fernald State School	1,540	1,956	416	27.01
Wrentham State School	1,361	1,973	612	44.96
Total	4,003	5,225	1,222	30.52
Aggregate All D.M.H. Institutions	22,754	27,281	4,527	19.89
Bridgewater	908	895	-13	-1.43
Tewksbury	603	469	-134	-22.22
Grand Total All Institutions	24,265	28,645	4,380	18.05

NOTE:— Minus sign indicates number or percentage below capacity.

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1938*

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percent-age
1905				
State Hospitals	8,552	8,552	—	—
Monson Hospital — Epileptic	462	521	59	12.77
State Hospitals and Monson	9,014	9,073	59	.65
Bridgewater and State Infirmary	1,022	998	-24	-2.34
State Schools	1,002	1,028	26	2.59
Total	11,038	11,099	61	.55
1906				
State Hospitals	8,873	8,618	-255	-2.87
Monson Hospital — Epileptic	591	531	-60	-10.15
State Hospitals and Monson	9,464	9,149	-315	-3.32
Bridgewater and State Infirmary	1,225	1,088	-137	-11.18
State Schools	1,262	1,120	-142	-11.25
Total	11,951	11,357	-594	-4.97
1907				
State Hospitals	9,351	8,853	-498	-5.32
Monson Hospital — Epileptic	699	570	-129	-18.45
State Hospitals and Monson	10,050	9,423	-627	-6.23
Bridgewater and State Infirmary	1,316	1,179	-137	-10.41
State Schools	1,272	1,228	-44	-3.45
Total	12,638	11,830	-808	-6.39
1908				
State Hospitals	9,356	9,503	147	1.57
Monson Hospital — Epileptic	699	686	-13	-1.85
State Hospitals and Monson	10,055	10,189	134	1.33
Bridgewater and State Infirmary	1,321	1,271	-50	-3.78
State Schools	1,312	1,332	20	1.52
Total	12,688	12,792	104	.81
1909				
State Hospitals	9,534	9,961	427	4.47
Monson Hospital — Epileptic	699	695	-4	-.57
State Hospitals and Monson	10,233	10,656	423	4.13
Bridgewater and State Infirmary	1,334	1,338	4	.29
State Schools	1,582	1,443	-139	-8.78
Total	13,149	13,437	288	2.19
1910				
State Hospitals	9,627	10,364	737	7.65
Monson Hospital — Epileptic	853	770	-83	-9.73
State Hospitals and Monson	10,480	11,134	654	6.24
Bridgewater and State Infirmary	1,335	1,428	93	6.96
State Schools	1,690	1,567	-123	-7.27
Total	13,505	14,129	624	4.62
1911				
State Hospitals	10,346	10,634	288	2.78
Monson Hospital — Epileptic	853	851	-2	-.23
State Hospitals and Monson	11,199	11,485	286	2.55
Bridgewater and State Infirmary	1,413	1,487	74	5.23
State Schools	1,820	1,642	-178	-9.78
Total	14,432	14,614	182	1.26
1912				
State Hospitals	10,612	11,087	475	4.47
Monson Hospital — Epileptic	853	887	34	3.98
State Hospitals and Monson	11,465	11,974	509	4.43
Bridgewater and State Infirmary	1,471	1,507	36	2.44
State Schools	1,820	1,845	25	1.37
Total	14,756	15,326	570	3.86
1913				
State Hospitals	11,128	11,430	302	2.71
Monson Hospital — Epileptic	853	922	69	8.08
State Hospitals and Monson	11,981	12,352	371	3.09
Bridgewater and State Infirmary	1,491	1,510	19	1.27
State Schools	2,063	1,920	-143	-6.93
Total	15,535	15,782	247	1.58

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1938* — Continued

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percentage
1914				
State Hospitals	11,279	11,713	434	3.84
Monson Hospital — Epileptic	976	963	-13	-1.33
State Hospitals and Monson	12,255	12,676	421	3.43
Bridgewater and State Infirmary	1,491	1,526	35	2.34
State Schools	2,088	2,194	106	5.07
Total	15,834	16,396	562	3.54
1915				
State Hospitals	11,489	12,240	751	6.53
Monson Hospital — Epileptic	968	1,015	47	4.85
State Hospitals and Monson	12,457	13,255	798	6.40
Bridgewater and State Infirmary	1,491	1,531	40	2.68
State Schools	2,488	2,309	-179	-7.19
Total	16,436	17,095	659	4.00
1916				
State Hospitals	11,699	12,505	806	6.88
Monson Hospital — Epileptic	967	993	26	2.68
State Hospitals and Monson	12,666	13,498	832	6.56
Bridgewater and State Infirmary	1,491	1,556	65	4.35
State Schools	2,628	2,582	-46	-1.75
Total	16,785	17,636	851	5.07
1917				
State Hospitals	11,940	12,831	891	7.46
Monson Hospital — Epileptic	967	1,042	75	7.75
State Hospitals and Monson	12,907	13,873	966	7.48
Bridgewater and State Infirmary	1,491	1,561	70	4.69
State Schools	2,718	2,673	-45	-1.65
Total	17,116	18,107	991	5.78
1918				
State Hospitals	11,988	12,961	973	8.11
Monson Hospital — Epileptic	967	954	-13	-1.34
State Hospitals and Monson	12,955	13,915	960	7.41
Bridgewater and State Infirmary	1,491	1,561	70	4.69
State Schools	2,718	2,763	45	1.65
Total	17,164	18,239	1,075	6.26
1919				
State Hospitals	12,233	12,968	735	6.00
Monson Hospital — Epileptic	967	922	-45	-4.65
State Hospitals and Monson	13,200	13,890	690	5.22
Bridgewater and State Infirmary	1,491	1,327	-164	-10.99
State Schools	2,823	2,739	-84	-2.97
Total	17,514	17,956	442	2.52
1920				
State Hospitals	12,593	13,204	611	4.85
Monson Hospital — Epileptic	967	960	-7	-.72
State Hospitals and Monson	13,560	14,164	604	4.45
Bridgewater and State Infirmary	1,508	1,522	14	.92
State Schools	2,823	2,820	-3	-.10
Total	17,891	18,506	615	3.43
1921				
State Hospitals	12,626	13,829	1,203	9.52
Monson Hospital — Epileptic	967	1,036	69	7.13
State Hospitals and Monson	13,593	14,865	1,272	9.35
Bridgewater and State Infirmary	1,581	1,563	-18	-1.13
State Schools	2,823	2,941	118	4.17
Total	17,997	19,369	1,372	7.62
1922				
State Hospitals	12,781	14,108	1,327	10.38
Monson Hospital — Epileptic	967	1,113	146	15.09
State Hospitals and Monson	13,748	15,221	1,473	10.71
Bridgewater and State Infirmary	1,581	1,589	8	.50
State Schools	2,823	2,849	26	.92
Total	18,152	19,659	1,507	8.30
1923				
State Hospitals	13,073	14,374	1,301	9.95
Monson Hospital — Epileptic	967	1,089	122	12.61
State Hospitals and Monson	14,040	15,463	1,423	10.13
Bridgewater and State Infirmary	1,581	1,588	7	.44
State Schools	3,498	3,239	-259	-7.40
Total	19,119	20,290	1,171	6.12

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1938 — Continued*

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percentage
1924				
State Hospitals	13,160	14,686	1,526	11.59
Monson Hospital — Epileptic	967	1,159	192	19.85
State Hospitals and Monson	14,127	15,845	1,718	12.16
Bridgewater and State Infirmary	1,581	1,670	89	5.62
State Schools	3,498	3,460	-38	-1.08
Total	19,206	20,975	1,769	9.21
1925				
State Hospitals	13,343	15,156	1,813	13.58
Monson Hospital — Epileptic	967	1,182	215	22.23
State Hospitals and Monson	14,310	16,338	2,028	14.17
Bridgewater and State Infirmary	1,581	1,652	71	4.49
State Schools	3,498	3,593	95	2.71
Total	19,389	21,583	2,194	11.31
1926				
State Hospitals	13,542	15,306	1,764	13.02
Monson Hospital — Epileptic	967	1,160	193	19.95
State Hospitals and Monson	14,509	16,466	1,957	13.48
Bridgewater and State Infirmary	1,581	1,683	102	6.45
State Schools	3,498	3,660	162	4.63
Total	19,588	21,809	2,221	11.33
1927				
State Hospitals	14,240	15,659	1,419	9.96
Monson Hospital — Epileptic	967	1,211	244	25.23
State Hospitals and Monson	15,207	16,870	1,663	10.93
Bridgewater and State Infirmary	1,581	1,727	146	9.23
State Schools	3,498	3,787	289	8.26
Total	20,286	22,384	2,098	10.34
1928				
State Hospitals	14,482	16,055	1,573	10.86
Monson Hospital — Epileptic	967	1,214	247	25.54
State Hospitals and Monson	15,449	17,269	1,820	11.78
Bridgewater and State Infirmary	1,581	1,728	147	9.29
State Schools	3,550	3,912	361	10.16
Total	20,580	22,909	2,328	11.31
1929				
State Hospitals	14,580	16,425	1,845	12.65
Monson Hospital — Epileptic	1,037	1,241	204	19.67
State Hospitals and Monson	15,617	17,666	2,049	13.12
Bridgewater and State Infirmary	1,581	1,725	144	9.10
State Schools	3,654	3,941	287	7.85
Total	20,852	23,332	2,480	11.89
1930				
State Hospitals	14,689	16,809	2,120	14.43
Monson Hospital — Epileptic	1,131	1,290	159	14.05
State Hospitals and Monson	15,820	18,099	2,279	14.40
Bridgewater and State Infirmary	1,581	1,749	168	10.62
State Schools	3,866	4,159	293	7.57
Total	21,267	24,007	2,740	12.88
1931				
State Hospitals	16,171	17,474	1,303	8.05
Monson Hospital — Epileptic	1,131	1,340	209	18.47
State Hospitals and Monson	17,302	18,814	1,512	8.73
Bridgewater and State Infirmary	1,581	1,632	51	3.22
State Schools	4,061	4,412	351	8.64
Total	22,944	24,858	1,914	8.34
1932				
State Hospitals	16,372	17,859	1,487	9.08
Monson Hospital — Epileptic	1,171	1,396	225	19.21
State Hospitals and Monson	17,543	19,255	1,712	9.75
Bridgewater and State Infirmary	1,511	1,601	90	5.95
State Schools	4,297	4,566	269	6.26
Total	23,351	25,422	2,071	8.86
1933				
State Hospitals	16,612	18,263	1,651	9.93
Monson Hospital — Epileptic	1,059	1,412	353	33.33
State Hospitals and Monson	17,671	19,675	2,004	11.34
Bridgewater and State Infirmary	1,511	1,543	32	2.11
State Schools	3,893	4,111	218	5.59
Total	23,075	25,989	2,914	12.62

TABLE G. — *Number of Patients and Overcrowding in State Institutions for the Insane, Feeble-minded and Epileptic on September 30, 1905-1938 — Concluded*

INSTITUTIONS BY YEARS	Rated Capacity	Actual Number of Patients in Institutions	OVERCROWDING	
			Excess Number of Patients	Percent-age
1934				
State Hospitals	16,612	18,638	2,026	12.19
Monson Hospital — Epileptic.	1,059	1,453	394	37.20
State Hospitals and Monson	17,671	20,091	2,420	13.69
Bridgewater and State Infirmary	1,511	1,488	-23	-1.52
State Schools	3,893	4,933	1,040	26.71
Total	23,075	26,512	3,437	14.89
1935				
State Hospitals	16,848	19,111	2,263	13.43
Monson Hospital — Epileptic.	1,147	1,476	329	28.68
State Hospitals and Monson	17,995	20,587	2,592	14.40
Bridgewater and State Infirmary	1,511	1,446	-65	-4.30
State Schools	3,999	5,009	1,010	25.25
Total	23,505	27,042	3,537	15.04
1936				
State Hospitals	16,848	19,673	2,825	16.76
Monson Hospital — Epileptic.	1,147	1,514	367	31.99
State Hospitals and Monson	17,995	21,187	3,192	17.73
Bridgewater and State Infirmary	1,511	1,389	-122	-8.07
State Schools	3,999	5,133	1,134	28.35
Total	23,505	27,709	4,204	17.88
1937				
State Hospitals	17,487	20,023	2,536	14.50
Monson Hospital — Epileptic.	1,164	1,521	357	30.67
State Hospitals and Monson	18,651	21,544	2,893	15.51
Bridgewater and State Infirmary	1,511	1,371	-140	-9.26
State Schools	4,001	5,244	1,243	31.06
Total	24,163	28,159	3,996	16.53
1938				
State Hospitals	17,574	20,506	2,932	16.68
Monson Hospital — Epileptic.	1,177	1,550	373	31.69
State Hospitals and Monson	18,751	22,056	3,305	17.62
Bridgewater and State Infirmary	1,511	1,364	-147	-9.72
State Schools	4,003	5,225	1,222	30.52
Total	24,265	28,645	4,380	18.05

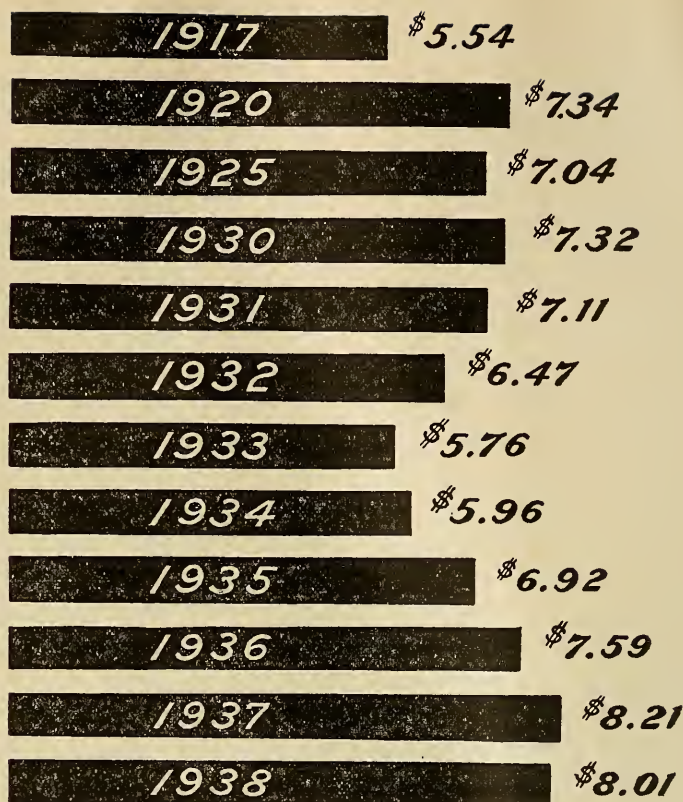
Note: — Minus sign indicates number of percentage below capacity.

TABLE H. — *Paying Patients, Number and Percent in State Hospitals on September 30, 1904-1938*¹

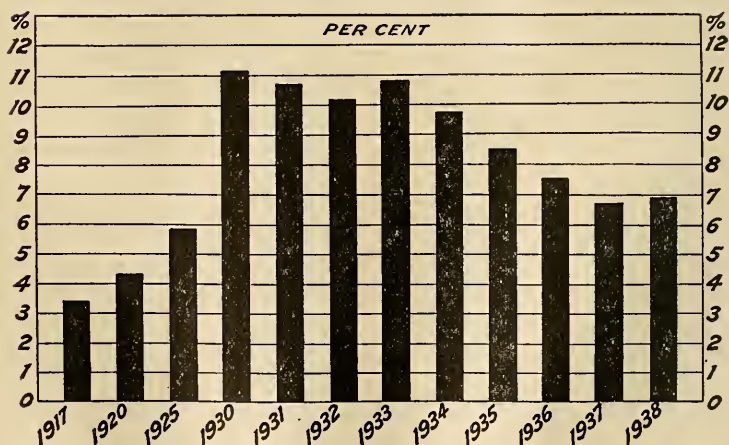
YEAR	Number of Patients in Institutions	Number of Paying Patients	Percentage of Resident Patients
1904	10,100	1,189	11.7
1905	10,071	1,217	12.1
1906	10,237	1,299	12.7
1907	10,602	1,300	12.3
1908	11,460	1,390	12.1
1909	11,994	1,488	12.4
1910	12,562	1,462	11.6
1911	12,972	1,521	11.3
1912	13,481	1,585	11.8
1913	13,949	1,603	11.5
1914	14,202	1,503	10.6
1915	14,786	1,506	10.2
1916	15,054	1,535	10.2
1917	15,434	1,512	9.8
1918	15,476	1,595	10.3
1919	15,217	1,548	10.2
1920	15,678	1,526	9.7
1921	16,428	1,683	10.2
1922	16,810	1,604	9.4
1923	17,051	1,985	11.6
1924	17,515	1,916	10.9
1925	17,990	2,051	11.4
1926	18,149	2,194	12.1
1927	18,573	2,282	12.3
1928	18,997	2,336	12.2
1929	19,391	2,345	12.0
1930	19,848	2,361	11.0
1931	20,446	2,310	11.2
1932	20,856	2,219	10.6
1933	21,218	2,156	10.1
1934	21,579	2,066	9.5
1935	22,033	1,998	9.0
1936	22,576	2,053	9.1
1937	22,915	2,081	9.1
1938	23,420	2,125	9.1

¹Includes Mental Wards, Tewksbury, and Bridgewater.TABLE J. — *Paying Patients, Number and Percent in State Schools on September 30, 1904-1938*

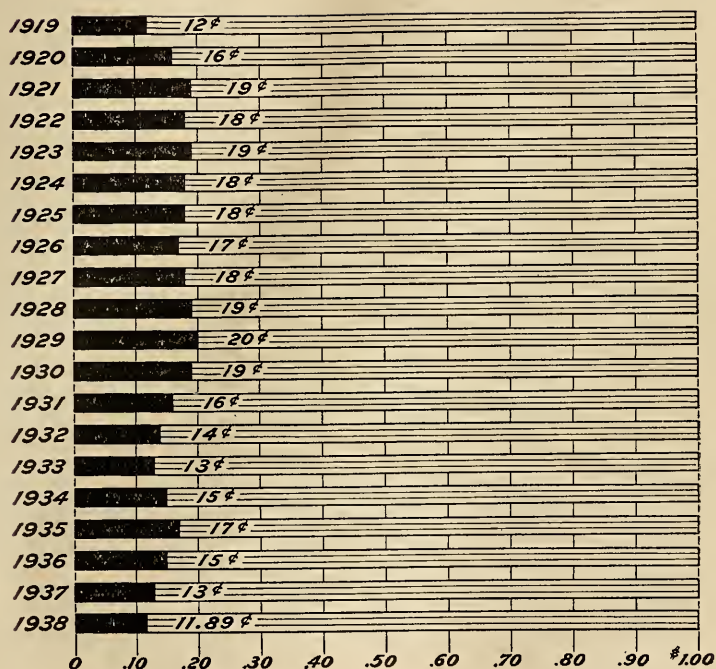
YEAR	Number of Patients in Schools	Number of Paying Patients	Percentage of Resident Patients
1904	897	95	8.9
1905	1,078	96	8.9
1906	1,170	92	7.9
1907	1,278	89	7.0
1908	1,382	82	5.9
1909	1,493	75	5.7
1910	1,617	60	3.7
1911	1,692	67	3.9
1912	1,895	70	3.7
1913	1,972	70	3.5
1914	2,244	41	1.8
1915	2,359	39	1.7
1916	2,632	37	1.5
1917	2,723	23	0.9
1918	2,813	21	0.7
1919	2,789	29	1.0
1920	2,870	30	1.0
1921	2,991	37	1.2
1922	2,899	31	1.0
1923	3,289	43	1.4
1924	3,510	52	1.5
1925	3,643	78	2.1
1926	3,710	121	3.3
1927	3,837	166	4.3
1928	3,912	174	4.4
1929	3,941	151	3.8
1930	4,159	186	4.4
1931	4,412	192	4.3
1932	4,566	186	4.0
1933	4,771	192	4.0
1934	4,993	197	3.9
1935	5,009	199	3.9
1936	5,133	195	3.8
1937	5,244	203	3.9
1938	5,225	206	3.9



GRAPH A. — AVERAGE WEEKLY PER CAPITA COSTS FOR MAINTENANCE, 1917 TO 1938



GRAPH B. — PER CENT OF COST OF MAINTENANCE FOR ALL PATIENTS, COLLECTED FROM PAYING PATIENTS, 1917 TO 1938



GRAPH C. — PORTION OF EVERY STATE
DOLLAR EXPENDED ON MENTAL
HEALTH, 1919 TO 1938

STATISTICAL REVIEW

Mental Disorders

Section A. General Discussion of All Classes Within Mental Hospitals, 1938, and Previous Years

Section A is devoted to a general discussion of all classes within mental hospitals and presents material in reference to the care of mental patients in Massachusetts for the years 1904-1938. Other items of general interest are outlined.

ALL CLASSES WITHIN HOSPITALS, 1938

Table 1 presents the number of patients in all classes within public and private institutions on September 30, 1938.

There were 31,248 patients in all classes under treatment within public and private institutions on September 30, 1938. This is a rate of 708 patients under treatment for each 100,000 in the general population*, or approximately one person in 141. Of this total number 24,527 (78.4%) were diagnosed "with mental disorders"; 5,207 (16.6%) were mentally defective; 229 (.7%) were both epileptic and mentally defective; 144 (.4%) were classified as "others"; 102 (.3%) were "borderline or dull"; and 1,039 (3.3%) were epileptic.

TABLE 1. — *Patients of All Classes Within Institutions on September 30, 1938*

INSTITUTIONS	Total All Forms	With Mental Disorder	WITHOUT MENTAL DISORDER				
			Epileptic and Mentally Defective	Epileptic	Mentally Defective	Borderline or Dull ¹	Other Groups
<i>Mental Hospitals</i>							
Boston State	2,386	2,371	—	—	7	—	8
Boston Psychopathic	77	61	—	—	2	—	14
Danvers	2,352	2,342	—	—	—	—	10
Foxborough	1,405	1,403	—	—	2	—	—
Gardner	1,433	1,403	—	—	23	—	7
Grafton	1,510	1,507	—	—	3	—	—
Medfield	1,812	1,811	—	—	—	—	1
Metropolitan	1,864	1,864	—	—	—	—	—
Northampton	2,020	2,005	—	—	11	—	4
Taunton	1,693	1,689	—	—	—	—	4
Westborough	1,590	1,576	—	1	1	—	12
Worcester	2,364	2,355	—	—	1	—	8
Monson (Epileptic)	1,550	550	—	995	3	—	2
Total	22,056	20,937	—	996	53	—	70
<i>State Schools</i>							
Belchertown	1,296	—	24	—	1,245	26	1
Walter E. Fernald	1,956	—	56	—	1,869	29	2
Wrentham	1,973	—	129	—	1,797	47	—
Total	5,225	—	209	—	4,911	102	3
<i>Other Public Institutions</i>							
Mental Wards (State Infirmary)	469	458	—	—	11	—	—
Bridgewater	895	865	—	—	19	—	11
Infirmary	190	54	—	40	96	—	—
Hospital Cottages for Children	60	1	20	—	39	—	—
Total	1,614	1,378	20	40	165	—	11
<i>Private and Governmental Institutions</i>							
McLean Hospital	207	203	—	1	—	—	3
Veterans' Adm. Facility No. 95	690	684	—	—	1	—	5
Veterans' Adm. Facility No. 107	1,151	1,145	—	—	—	—	6
Eighteen other private institutions	305	180	—	2	77	—	46
Total	2,353	2,212	—	3	78	—	60
Total — All Classes	31,248	24,527	229	1,039	5,207	102	144

¹ Patients not mentally defective.

*Estimated population, 1938 — 4,411,687.

The total number under care in the twenty-two state and governmental institutions was 30,736 or 98.3%. In the nineteen private institutions the number was 512 or 1.6%.

During the year the number of patients within hospitals increased from a total of 30,610 on September 30, 1937 to a total of 31,248 on September 30, 1938, an increase of 638 patients or 2.0%.

(a) *The Mentally Ill*

The patients "with mental disorder" in public and private institutions on September 30, 1938 numbered 24,527. This is a rate of 555 per 100,000 of the population of the State, or one in every 180 of the population.

Those "with mental disorder" in State institutions numbered 22,315, a rate of 505 per 100,000 or one in every 198 of the population. This was an increase over the previous year of 425 patients. Government hospitals cared for 1,829 insane patients, a rate of 41 per 100,000 or one in every 2,439 of the population.

The insane in private institutions numbered 383, as compared with 363 for the year 1937. This is a rate of 8 per 100,000 or one in every 12,500 of the population.

(b) *The Epileptic and Mentally Defective*

There were 229 patients who were both epileptic and mentally defective in public institutions at the end of the year, a rate of 5 per 100,000 of the population. Two hundred nine of these were in the three State schools.

(c) *The Epileptic*

The epileptic population numbered 1,039, most of whom were cared for in public institutions. The rate is 23 per 100,000, or one in every 4,347 of the population. Nine hundred ninety-five, or 95% of these were at the Monson State Hospital for Epileptics.

(d) *The Mentally Defective*

There were 77 mentally defective patients in private institutions and 5,130 in public and governmental institutions, a total of 5,207. This is a rate of 118 per 100,000 of the population of the State, or one in every 847. There was a decrease from the previous year of 48 patients.

(e) *Borderline or Dull*

One hundred two resident patients were classified as of "borderline or dull" intelligence. The rate for this group is 2 per 100,000 of the general population.

(f) *Other Groups Without Mental Disorder*

Patients in public, governmental and private institutions classified under "other groups without mental disorder" numbered 144. Ninety-five were in public institutions, comprising 65% of the total within hospitals. The rate for this class is 3 per 100,000 of the general population of the State. In the above group are included cases of alcoholism, drug addiction, psychopathic personality and others not included in sections (b), (c), (d) or (e) above.

PATIENTS WITHIN INSTITUTIONS AND ANNUAL INCREASE, 1904-1938

Table 2 presents the number of patients actually within public, private and governmental institutions on September 30 of each year from 1904 to 1938 inclusive and the annual increase for each year. In all hospitals, the number rose from 10,948 in 1904 to 31,111 in 1938, an increase of 184% or 5% per year. The average annual increase in number of patients within hospitals is 600 cases.

The number of patients within State hospitals rose from 9,666 in 1904 to 23,420 in 1938, an increase of 142% or 4% per year. The average annual increase is 418 patients per year. The number of patients within State schools rose from 847 in 1904 to 5,225 in 1938, an increase of 516% or 14% per year. The average annual increase was 126 patients per year. The average annual increase of patients within private institutions for the insane and mentally defective was 55 and —.02 respectively.

PATIENTS OUT OF INSTITUTIONS AT END OF YEAR

Table 3 records the number of patients out "on visit" and "on escape" at the end of each year, 1928-1938.

The number of patients "on visit" increased from 1,496 in 1928 to 2,269 in 1938 and the percentages from 7.1 to 8.6. Clearly the hospitals are placing a larger percentage of their patients in the community as time goes on. The number of patients "on escape" decreased from 250 in 1928 to 75 in 1938 and the percentages from 1.2 to .2.

Table 4 shows the number of visits taking place during the single year, 1938. We have recorded the total number of visits made by patients during the entire year, have compared this with the daily average population and calculated a visit rate for each

TABLE 2. — *Total Patients Within All Public, Private and Governmental Institutions September 30, 1904–1938: Rates per 100,000 Estimated State Population, and Annual Increase¹*

YEAR	TOTAL			STATE HOSPITALS ²			STATE SCHOOLS			GOVERNMENTAL AND PRIVATE INSTITUTIONS		
	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000	Number	Annual Increase	Rate per 100,000
1904.	10,948	858	361.3	9,666	897	319.0	847	47	28.0	256	-70	8.4
1905.	11,536	588	373.9	10,071	405	326.4	1,028	181	33.3	260	-2	8.4
1906.	11,805	269	375.7	10,237	166	325.8	1,120	92	35.6	277	17	8.8
1907.	12,302	497	384.7	10,602	365	331.5	1,228	108	38.4	307	18	9.6
1908.	13,277	975	408.0	11,460	858	352.2	1,332	104	40.9	365	-6	5.2
1909.	13,943	666	421.2	11,994	524	362.3	1,443	111	43.6	339	14	10.2
1910.	14,646	703	435.1	12,562	568	373.2	1,443	124	46.5	336	-3	10.0
1911.	15,129	483	443.0	12,972	410	379.9	1,642	75	48.0	341	5	10.0
1912.	15,850	721	457.6	13,481	509	389.2	1,845	203	53.3	362	21	10.5
1913.	16,312	462	464.5	13,862	381	394.7	1,922	77	54.0	366	4	10.4
1914.	16,820	508	472.4	14,202	340	398.9	2,194	272	61.6	357	-9	10.0
1915.	17,395	575	482.0	14,657	455	406.1	2,309	115	64.0	367	10	10.2
1916.	18,069	674	494.0	15,054	397	411.5	2,582	273	70.6	373	6	10.2
1917.	18,612	543	504.1	15,434	380	416.4	2,673	91	72.1	446	73	12.0
1918.	18,951	339	504.7	15,476	42	412.1	2,763	90	73.6	491	45	13.1
1919.	18,811	-140 ³	494.5	15,409	-67	405.1	2,739	-24	72.0	452	-39	11.9
1920.	19,177	366	497.8	15,686	277	407.2	2,820	81	73.2	453	1	11.8
1921.	20,041	864	514.9	16,428	742	422.1	2,941	121	75.6	485	32	12.5
1922.	20,271	230	515.6	16,810	382	427.5	3,249	-92	72.5	443	-42	11.3
1923.	20,916	645	526.6	17,051	241	429.3	3,239	390	81.6	452	9	11.4
1924.	21,940	1,024	547.0	17,515	464	436.6	3,460	221	86.3	787	335	19.6
1925.	22,645	705	559.0	17,990	475	444.1	3,593	133	88.7	895	108	22.1
1926.	22,876	231	559.2	18,149	159	443.7	3,660	67	89.4	890	-5	21.8
1927.	23,472	616	568.8	18,597	448	450.2	3,787	127	91.7	914	24	22.1
1928.	24,362	870	584.2	18,997	448	455.6	3,912	125	93.8	1,267	353	30.4
1929.	24,877	515	590.9	19,391	394	460.6	3,941	29	93.6	1,322	55	31.4
1930.	25,675	798	604.2	19,848	457	467.1	4,159	218	97.8	1,468	146	34.5
1931.	26,646	971	621.2	20,446	598	476.7	4,412	253	102.8	1,603	135	37.4
1932.	27,179	533	627.8	20,856	410	481.8	4,566	154	105.4	1,568	-35	36.2
1933.	27,893	714	638.5	21,218	362	485.7	4,771	205	109.2	1,719	151	39.3
1934.	28,532	639	647.2	21,579	331	489.5	4,933	162	111.9	1,831	112	41.5
1935.	29,172	640	670.4	22,033	454	506.3	5,009	124	115.1	1,927	96	43.2
1936.	29,836	604	682.5	22,576	543	516.4	5,133	76	117.4	1,919	8	43.9
1937.	30,383	547	691.8	22,915	324	521.8	5,244	111	119.4	2,001	87	45.5
1938.	31,111	728	705.1	23,420	505	530.8	5,225	-19	118.4	2,272	271	51.4
Average — 35 Years	(600)	(418)		(126)	(55)						(-02)	

³Minus sign indicates decrease.

¹Population estimated for each intercensal year.

²Includes Bridgewater and Tewksbury.

³Includes Veterans' Adm. Facility No. 95 from April 25, 1924, and Veterans' Adm. Facility No. 107 from August 11, 1928.

hospital. Psychopathic shows the highest visit rate with 513 visits per 1,000 of the daily average population. Of the active admitting hospitals, Northampton shows the high rate of 340 and Danvers a rate of 337. Monson shows a rate of 388 and Metropolitan leads the chronic transfer group with a rate of 145. The rate for the entire State hospital group is 230. The females with a rate of 234 show a greater tendency to go out on visit than the males, 226.

TABLE 3. — *Patients on Visit and Escape from State Hospitals on September 30, 1928-1938: Numbers and Percentages*

YEAR	Total Patients on Books ¹	Patients on Visit	Patients on Escape	Percentage on Visit	Percentage on Escape
1928	20,996	1,496	250	7.1	1.2
1929	21,359	1,502	197	7.0	.9
1930	22,103	1,742	222	7.9	1.0
1931	22,453	1,514	178	6.7	.8
1932	23,022	1,679	147	7.3	.6
1933	23,606	1,817	160	7.7	.6
1934	23,872	1,764	138	7.4	.6
1935	24,450	2,021	85	8.2	.3
1936	25,155	2,184	72	8.7	.3
1937	25,621	2,302	68	8.9	.2
1938	26,086	2,269	75	8.6	.2

¹All classes on books of State Hospitals, Tewksbury and Bridgewater.

TABLE 4. — *Number of Patients Placed on Visit during the Year 1938, by Institution and Sex: Rates per 1,000 Daily Average Population on Books*

INSTITUTIONS	DAILY AVERAGE POPULATION ON BOOKS			NUMBER OF PATIENTS PLACED ON VISIT DURING YEAR			RATES PER 1,000 DAILY AVERAGE POPULATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston Psychopathic	64	47	111	34	23	57	531.2	489.3	513.5
Northampton	1,087	1,252	2,339	367	430	797	337.6	343.4	340.7
Danvers	1,373	1,451	2,824	326	627	953	237.4	432.1	337.4
Westborough	757	1,043	1,800	224	289	513	295.9	277.0	285.0
Taunton	937	969	1,906	254	268	522	271.0	276.5	273.8
Worcester	1,388	1,469	2,857	348	370	718	250.7	251.8	251.3
Foxborough	676	808	1,484	161	201	362	238.1	248.7	243.9
Boston State	1,173	1,525	2,698	259	239	498	220.8	156.7	184.5
Monson	762	846	1,608	354	271	625	464.5	320.3	388.6
Metropolitan	850	1,000	1,850	135	135	270	158.8	135.0	145.9
Medfield	827	1,171	1,998	91	111	202	110.0	94.7	101.1
Gardner	844	746	1,590	44	84	128	52.1	112.6	80.5
Grafton	759	743	1,502	12	17	29	15.8	22.8	19.3
Total	11,497	13,070	24,567	2,609	3,065	5,674	226.9	234.5	230.9
Vet. Adm. Fac. No. 107	1,146	—	1,146	409	—	409	356.8	—	356.8
McLean	103	159	262	37	51	88	359.2	320.7	335.8
Vet. Adm. Fac. No. 95	671	—	671	90	—	90	134.1	—	134.1
Tewksbury	83	395	478	3	7	10	36.1	17.7	20.9
Bridgewater	895	—	895	—	—	—	—	—	—
Total	2,898	554	3,452	539	58	597	185.9	104.6	172.9
Grand Total	14,395	13,624	28,019	3,148	3,123	6,271	218.6	229.2	223.8

Table 5 presents the number of visits, escapes and cases placed in family care during each month of 1938 and also the cases returned each month. The visit rates show the tendency for the fewest patients to go out in the months of January and February, the rates being 11.4 and 11.5 respectively. The visit rates rise to higher levels in the warmer months of April, May, June, July and August. The highest visit rate for the year per 1,000 patients on the books is 26.8, in the holiday month of December. In general, the rates for cases returned from visit follow the trend observed in the visit rates themselves. The only month in which the return rate exceeds the visit rate is January. The total visit rate is higher than the return rate due to the fact that a certain proportion of cases sent on visit never return to the hospital but are discharged to the community.

TABLE 5. — *Visits, Escapes, Family Care Placement and Returns, 1938, by Month: Numbers and Rates per 1,000 Cases on Books¹*

	TOTAL			OCTOBER			NOVEMBER			DECEMBER			JANUARY			FEBRUARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on visit . . .	2,612	3,072	5,684	201	230	431	302	310	612	324	367	691	145	152	297	134	165	299
Returned from visit . . .	1,878	2,125	4,003	150	159	309	217	200	417	177	189	366	240	233	473	96	105	201
On escape . . .	296	70	366	27	7	34	26	4	30	10	8	18	12	2	14	19	1	20
Returned from escape . . .	249	62	311	25	7	32	19	6	25	13	4	17	14	3	17	14	4	18
Placed in family care . . .	61	156	217	10	24	34	4	15	19	4	11	15	4	16	20	6	14	20
Returned from family care . . .	53	141	194	6	18	24	2	16	18	3	5	8	8	20	28	7	10	17
On books at end of month . . .	148,536	161,977	310,513	12,298	13,372	25,670	12,316	13,402	25,718	12,332	13,437	25,769	12,383	13,484	25,867	12,381	13,518	25,899
Visit rate per 1,000 on-books . . .	17.5	18.9	18.3	16.3	17.2	16.7	24.5	23.1	23.7	26.2	27.3	26.8	11.7	11.2	11.4	10.8	12.2	11.5
Return rate per 1,000 on-books . . .	12.6	13.1	12.8	12.1	11.8	12.0	17.6	14.9	16.2	14.3	14.0	14.2	19.3	17.2	18.2	7.7	7.7	7.7

	MARCH			APRIL			MAY			JUNE			JULY			AUGUST			SEPTEMBER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Placed on visit . . .	155	204	359	230	308	538	205	241	446	205	223	428	304	349	653	201	271	472	206	252	458
Returned from visit . . .	87	137	224	152	207	359	133	176	309	156	142	298	175	220	395	142	187	379	153	170	323
On escape . . .	19	1	20	20	5	25	38	8	46	28	7	35	33	8	41	40	13	53	24	6	30
Returned from escape . . .	14	3	17	14	3	17	31	5	36	25	7	32	30	6	36	34	7	41	16	7	23
Placed in family care . . .	8	6	14	5	8	12	5	15	20	3	6	9	2	12	16	3	14	17	18	13	21
Returned from family care . . .	2	11	13	5	10	15	7	18	15	4	7	11	3	14	15	3	10	13	3	14	17
On books at end of month . . .	12,377	13,518	25,895	12,383	13,475	25,858	12,371	13,473	25,844	12,388	13,531	25,919	12,411	13,558	25,969	12,437	13,585	26,022	12,459	13,624	26,083
Visit rate per 1,000 on-books . . .	12.5	15.0	13.8	18.5	22.8	20.8	16.5	17.8	17.2	16.8	16.4	16.5	24.4	25.7	25.1	16.1	19.9	18.1	16.5	18.4	17.5
Return rate per 1,000 on-books . . .	7.0	10.1	8.6	12.2	15.3	13.8	10.7	13.0	11.9	12.5	10.4	11.4	14.1	16.2	15.2	11.4	13.7	12.6	12.2	12.4	12.5

¹Includes all State Hospitals, Bridgewater and Tewksbury.

FAMILY CARE UNDER INSTITUTION TRUSTEES AND UNDER THE DEPARTMENT

Table 6 shows that the number of cases in family care on September 30, 1938 (322) decreased by 14 from the figure for 1937 (336). A total of 231 new cases were placed in family care during the year. Of these, 171 were returned to the institution during the year, while 74 cases were taken from family care through return to the community, death or change of status to visit. At the end of the year Gardner, with 117 patients out, had the largest number in family care. Worcester was next with 108 and Westborough third with 27 patients out in family care.

TABLE 6. — *Family Care Under Institution Trustees During 1938*

HOSPITALS	Patients in Family Care September 30, 1937			Number Admitted during Year			Number Returned to Institution during Year			Other Cases leaving Family Care Status during Year			Patients Remaining in Family Care September 30, 1938		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	—	6	6	—	1	1	—	—	—	—	5	5	—	2	2
Danvers	—	9	9	—	7	7	—	5	5	—	2	2	—	9	9
Foxborough	—	5	5	—	7	7	—	4	4	—	3	3	—	5	5
Gardner	14	104	118	9	61	70	12	53	65	1	5	6	10	107	117
Grafton	2	23	25	1	4	5	1	13	14	—	2	2	2	12	14
Medfield	—	9	9	—	1	1	—	—	—	—	2	2	—	8	8
Metropolitan	1	3	4	—	13	13	1	7	8	—	3	3	—	6	6
Northampton	7	12	19	7	20	27	7	10	17	—	6	6	7	16	23
Taunton	1	2	3	—	1	1	—	1	1	—	—	—	1	2	3
Westborough	12	18	30	5	12	17	6	3	9	—	11	11	11	16	27
Worcester	26	82	108	40	42	82	22	26	48	11	23	34	33	75	108
Total	63	273	336	62	169	231	49	122	171	12	62	74	64	258	322

TABLE 7. — *Patients in Family Care from Institutions and Under the Department of All State Hospitals September 30, 1904-1938*

YEAR	FAMILY CARE GRAND TOTAL			FROM INSTITUTIONS			UNDER THE DEPARTMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904	14	199	213	—	—	—	14	199	213
1905	13	243	256	1	2	3	12	241	253
1906	13	282	295	—	10	10	13	272	285
1907	13	270	283	—	8	8	13	262	275
1908	12	238	250	1	5	6	11	233	244
1909	10	239	249	—	8	8	10	231	241
1910	16	269	285	2	8	10	14	261	275
1911	15	294	309	1	10	11	14	284	298
1912	15	327	342	2	24	26	13	303	316
1913	14	352	366	2	28	30	12	324	336
1914	21	320	341	9	30	39	12	290	302
1915	28	375	403	27	290	317	1	85	86
1916	35	363	398	35	299	334	—	64	64
1917	29	296	325	29	249	278	—	47	47
1918	23	263	286	23	219	242	—	44	44
1919	27	228	255	27	190	217	—	38	38
1920	15	201	216	15	167	182	—	34	34
1921	10	185	195	10	154	164	—	31	31
1922	12	187	199	12	158	170	—	29	29
1923	9	159	168	9	132	141	—	27	27
1924	4	152	156	4	132	136	—	20	20
1925	10	154	164	10	131	141	—	23	23
1926	8	149	157	8	127	135	—	22	22
1927	14	156	170	14	136	150	—	20	20
1928	28	128	156	28	109	137	—	19	19
1929	23	147	170	23	130	153	—	17	17
1930	23	146	169	23	132	155	—	14	14
1931	19	173	192	19	151	170	—	22	22
1932	24	184	208	24	171	195	—	13	13
1933	34	231	265	34	217	251	—	14	14
1934	35	242	277	35	242	277	—	—	—
1935	38	273	311	38	273	311	—	—	—
1936	48	275	323	48	275	323	—	—	—
1937	63	273	336	63	273	336	—	—	—
1938	64	258	322	64	258	322	—	—	—

Table 7 shows the status of family care between 1904 and 1938. In the early years, family care cases were supervised almost entirely by the Department of Mental Diseases. Gradually this supervision has been taken over by the individual institutions. The Department ceased to supervise family care cases in 1934. At the end of 1938 a total of 322 cases were under family care supervision, 258 females and 64 males. The number of 322 under care during 1938 is at the rate of approximately 7 per 100,000 of the general population.

EX-SERVICE MEN IN STATE HOSPITALS, 1928-1938

On September 30, 1928, there were 387 ex-service men in State hospitals, while on September 30, 1938 there were 461 (Table 8). The daily average number on the books during each statistical year increased from 409.18 in 1928 to 540.89 in 1938. The daily average number actually cared for during the eleven-year period increased from 393.97 to 475.83.

TABLE 8. — *Ex-Service Men in State Hospitals, 1928-1938: Daily Average Numbers*¹

YEAR	Number on Books September 30			Daily Average Number on Books during Year			Daily Average Number Actually in Hospital during Year		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928	387	—	387	408.18	1.00	409.18	392.97	1.00	393.97
1929	414	7	421	409.07	7.35	416.42	350.46	6.36	356.82
1930	369	5	374	368.03	4.62	372.65	329.94	4.62	334.56
1931	360	8	368	371.24	7.15	378.39	339.55	7.15	346.70
1932	401	8	409	415.39	9.00	429.39	380.34	8.62	388.96
1933	383	8	391	417.22	8.00	425.22	374.86	8.00	382.86
1934	416	6	422	421.45	5.75	427.20	374.18	5.16	379.34
1935	475	6	481	464.41	5.70	470.11	401.47	4.26	405.73
1936	506	9	515	504.38	8.00	512.38	456.09	7.00	463.09
1937	528	8	536	587.96	9.23	597.19	515.14	5.39	520.53
1938	454	7	461	533.53	7.36	540.89	469.47	6.36	475.83

¹Includes all State Hospitals, Bridgewater and Tewksbury.

Section B. All Admissions to Mental Hospitals During 1938

As mentioned in the report of the Division of Statistics, (Page 122) the year 1937 marked a change in the presentation of the Department statistics. Up to 1937 Departmental statistics were presented on the basis of cases admitted to hospitals under court commitment, the data on temporary care, observation and voluntary admissions being considered separately. As it was found that non-inclusion of these other types of admissions made our statistics less complete than might be desired, the method of analysis was changed. Beginning with 1937 we include in our statistics all types of admissions to mental hospitals, whatever the legal form admitting the patient.

TABLE 9. — *First and Readmissions to State Hospitals, 1937 and 1938, by Form of Admission and Sex*

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Tempo- rary Care	Obser- vation	Volun- tary	Total	Court	Tempo- rary Care	Obser- vation	Volun- tary
1937	T.	6,786	4,985	3,080	1,142	588	175	1,801	1,267	291	149	94
	M.	3,782	2,770	1,558	700	401	111	1,012	668	190	101	53
	F.	3,004	2,215	1,522	442	187	64	789	599	101	48	41
1938	T.	6,896	4,980	3,102	1,074	665	139	1,916	1,305	325	191	95
	M.	3,828	2,791	1,613	615	479	84	1,037	655	196	131	55
	F.	3,068	2,189	1,489	459	186	55	879	650	129	60	40

ALL FIRST AND READMISSIONS, 1937 AND 1938

Table 9 presents the number of first admissions and readmissions to mental hospitals during 1937 and 1938 by forms of admission. There were 6,786 admissions during 1937, 3,782 males and 3,004 females. In 1938 the number of admissions increased to 6,896,

TABLE 10. — *First and Readmissions to Public, Governmental and Private Hospitals for Mental Disorders, 1917-1938:
Number and Rate per 100,000 Population of State*

YEAR	TOTAL — ALL HOSPITALS				STATE HOSPITALS — D.M.H. ²				BRIDGEWATER ³ AND TEWKSBURY		GOVERNMENTAL HOSPITALS ⁴		McLEAN ⁵		OTHER PRIVATE HOSPITALS ⁶	
	Number		Rate		Number		Rate		First Admis- sions	Read- missions	First Admis- sions	Read- missions	First Admis- sions	Read- missions	First Admis- sions	Read- missions
	First Admis- sions	Read- missions	First Admis- sions	Read- missions	First Admis- sions	Read- missions	First Admis- sions	Read- missions								
1917	3,912	1,427	105.5	38.5	3,605	1,283	97.2	34.6	89	26	—	—	62	156	58	—
1918	3,832	1,494	102.0	39.7	3,559	1,348	94.7	35.8	81	21	—	—	64	128	60	—
1919	3,981	1,411	104.6	37.0	3,642	1,277	95.7	33.5	80	17	—	—	64	195	51	—
1920	3,562	1,358	92.4	35.2	3,239	1,246	84.0	32.3	82	21	—	—	51	29	62	—
1921	3,733	1,423	95.9	36.5	3,394	1,343	87.2	34.5	83	21	—	—	45	25	34	—
1922	4,058	1,360	103.2	34.5	3,764	1,238	95.7	31.4	111	17	—	—	31	152	74	—
1923	3,748	1,241	94.3	31.2	3,450	1,141	86.3	28.7	98	18	—	—	50	34	48	—
1924	4,091	1,606	101.9	40.0	3,565	1,241	88.8	30.9	104	25	95	285	53	21	274	34
1925	4,107	1,323	101.3	32.6	3,689	1,167	91.0	28.8	108	18	107	64	63	33	140	41
1926	3,939	1,299	96.2	31.7	3,541	1,164	86.5	28.4	109	28	44	26	70	23	175	58
1927	4,000	1,320	96.8	31.9	3,669	1,194	88.8	28.9	107	8	36	26	73	32	125	60
1928	4,313	1,558	103.4	37.3	3,882	1,363	93.0	32.6	75	26	38	45	67	50	281	74
1929	4,319	1,434	102.5	34.0	3,950	1,281	93.0	30.4	80	11	20	42	71	51	198	49
1930	4,341	1,523	102.1	35.8	4,091	1,398	96.2	32.8	74	17	22	52	86	38	18	—
1931	4,573	1,623	106.6	37.8	4,313	1,472	100.5	34.3	53	25	41	50	101	61	65	15
1932	4,534	1,578	104.7	36.4	4,337	1,479	100.1	34.1	42	17	15	16	104	56	36	19
1933	4,660	1,646	106.6	37.6	4,385	1,504	100.3	34.4	40	26	34	47	85	42	106	27
1934	4,636	1,769	105.1	40.1	4,347	1,628	98.6	36.9	41	21	60	45	101	53	87	22
1935	4,943	1,820	113.6	41.8	4,573	1,635	105.1	37.5	41	20	80	45	122	62	127	58
1936	5,213	1,843	119.2	42.1	4,809	1,660	110.0	38.1	35	11	45	48	146	81	178	36
1937	5,008	1,870	114.0	42.5	4,740	1,650	107.9	37.5	40	28	28	49	177	74	23	69
1938	5,040	2,010	114.2	45.5	4,708	1,743	106.7	39.5	61	43	53	49	158	81	60	94

¹Population estimated for intercensal years.

²Non-psychotic epileptics excluded from 1937 onward.

³Court admissions only up to and including 1927, all admissions for subsequent years.

⁴Non-residents of Massachusetts excluded from 1928 onward.

⁵Court admissions only; readmissions estimated 1928-1934.

3,828 males and 3,068 females. Although the first admissions decreased from 4,985 to 4,980, an increase was observed in the court commitments, from 3,080 to 3,102, and in the observation cases, from 588 to 665. Only 1,074 cases were admitted under temporary care, as compared with 1,142 the previous year, and 139 on voluntary papers, as compared with 175. The number of readmissions rose from 1,801 in 1937 to 1,916 in 1938. Increases were observed in all forms of commitment, the number of court cases rising from 1,267 to 1,305, temporary care from 291 to 325, observation from 149 to 191 and voluntary from 94 to 95.

FIRST ADMISSIONS AND READMISSIONS, 1917-1938

Table 10 presents the numbers and rates for first admissions and readmissions to all Massachusetts mental hospitals over the years 1917-1938. The figures on this table are presented on the new basis as they have been taken from our Rockefeller Research Project. This analysis uses the same method of evaluation, including court commitments, observation, temporary care and voluntary admissions, beginning with the year 1917.

It has been the aim of the Statistical Division to present a state-wide picture of mental disorders, and we therefore include figures for the private institutions as well as the public mental hospitals. As economic and social changes may cause a shifting of patients from private to public institutions, we feel that a report embracing both groups is necessary to show us the true incidence of mental disease in our state population in so far as incidence can be checked by the numbers of patients coming into mental hospitals. The total column, showing the admission rates of first admissions to hospitals of all types, presents a rate of 105 in 1917, which drops to 92, the low of all years, in 1920. This, it will be recalled, is the first year of the Eighteenth Amendment. Gradual increases occur but the 1917 rate of 105 is not surpassed until 1931 when a rate of 106 is observed. The year 1936 presents the high rate of 119 and 1938 continues the 1937 rate of 114. Over the 22-year period between 1917 and 1938 the first admission rates have increased from 105 to 114, or but 9 patients per 100,000.

The readmissions show a rate of 38 in 1917, a drop to the low of 31 in 1923 and a gradual increase to 40 per 100,000 of the population in 1934. From that point on the rates rise slowly to the high of 45.5 in 1938. Over the 22-year period the readmissions have shown an increase of but 7 patients per 100,000 of the population. These figures in the first and readmissions are for the state-wide sample, including *all* types of institutions admitting mental patients.

In the State hospitals, we observe the first admission rate of 97 in 1917. The low of 84 occurs in 1920 and there is then a gradual return to a higher level. The rate of 100 in 1931 is the first to exceed the 1917 figure of 97. In 1935 is seen a rise to 105, with a high rate of 110 in 1936 and the lower figures of 107 in 1937 and 106 in 1938. The readmissions to State hospitals show a rate of 34 in 1917, a slow drop to the low of 28.4 in 1926 and a gradual rise from that date onward. The first year to surpass 1917 is 1934, with a rate of 36.9. The high rate of 39.5 is observed in 1938.

In summarizing this table, we can say that the State hospitals have shown a moderate increase in first admission rates of about 10% between 1917 and 1938. The readmissions, while operating on a lower level, have shown about the same relative increase. When we come to the total of all hospitals, including the governmental and private institutions, we find about the same degree of increase. An increase of 10% over a twenty-two year period is about a one-half-of-one-per-cent increase per year.

FIRST AND READMISSIONS, 1938, BY HOSPITAL

Table 11 presents the admission forms used in first admissions and readmissions in 1938, by hospital. Of the total first admissions, 55% were court commitments, 28% were admitted under temporary care, 12% under observation commitment and 3% on voluntary papers. In the readmissions, 61% were court admissions, 24% temporary care, 9% observation commitments and 5% voluntary. As might be expected, court commitment is being used more often in the case of readmissions.

Psychopathic admitted 79% of both first admissions and readmissions on temporary care papers. Among the active admitting hospitals, Northampton shows the high per cent of court commitments, 84% of first admissions and 92% of readmissions. Boston State admitted the largest per cent under temporary care, 15% of first admissions and 14% of readmissions. Taunton, Westborough and Worcester each admitted 15% of their first admissions on observation, while Foxborough so admitted 13% of its readmis-

sions. Worcester shows the high per cent of voluntary first admissions, .9% and Danvers of voluntary readmissions, 3%.

TABLE 11. — *First and Readmissions to Mental Hospitals, 1938, by Form of Admission and by Hospital*

HOSPITALS	Aggregate	FIRST ADMISSIONS									
		Total		Court		Temporary Care		Observation		Voluntary	
		No.	%	No.	%	No.	%	No.	%	No.	%
B. Psychopathic	2,185	1,606	100.0	89	5.54	1,274	79.32	217	13.51	26	1.61
Boston State	946	651	100.0	488	74.96	104	15.97	59	9.06	—	—
Danvers	964	676	100.0	481	71.15	102	15.08	88	13.01	5	.73
Foxborough	339	222	100.0	172	77.47	16	7.20	33	14.86	1	.45
Northampton	649	457	100.0	385	84.24	29	6.34	41	8.97	2	.43
Taunton	557	420	100.0	319	75.95	35	8.33	64	15.23	2	.47
Westborough	597	401	100.0	332	82.79	4	.99	62	15.46	3	.74
Worcester	761	542	100.0	436	80.44	17	3.13	84	15.49	5	.92
Metropolitan	196	—	—	—	—	—	—	—	—	—	—
Gardner	197	94	100.0	67	71.27	13	13.82	10	10.63	4	4.25
Grafton	207	96	100.0	87	90.62	—	—	9	9.37	—	—
Medfield	203	125	100.0	109	87.20	10	8.00	6	4.80	—	—
Monson	156	115	100.0	29	25.21	—	—	—	—	86	74.78
Tewksbury	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	151	61	100.0	35	57.37	—	—	26	42.62	—	—
McLean	247	158	100.0	76	48.10	21	13.29	2	1.26	59	37.34
Vet. Adm. Facility No. 95	126	25	100.0	19	76.00	—	—	—	—	6	24.00
Vet. Adm. Facility No. 107	356	88	100.0	64	72.72	2	2.27	10	11.36	12	13.63
Total ¹	8,837	5,737	100.0	3,188	55.56	1,627	28.35	711	12.39	211	3.67

HOSPITALS	READMISSIONS										Transfers
	Total		Court		Temporary Care		Observation		Voluntary		
	No.	%	No.	%	No.	%	No.	%	No.	%	
B. Psychopathic	575	100.0	28	4.86	455	79.13	82	14.26	10	1.73	4
Boston State	272	100.0	195	71.69	40	14.70	30	11.02	7	2.57	23
Danvers	265	100.0	198	74.71	35	13.20	23	8.67	9	3.39	23
Foxborough	67	100.0	53	79.10	3	4.47	9	13.43	2	2.98	50
Northampton	177	100.0	164	92.65	4	2.25	6	3.38	3	1.69	15
Taunton	123	100.0	98	79.67	14	11.38	9	7.31	2	1.62	14
Westborough	170	100.0	142	83.52	4	2.35	20	11.76	4	2.35	26
Worcester	198	100.0	171	86.36	5	2.52	16	8.08	6	3.03	21
Metropolitan	—	—	—	—	—	—	—	—	—	—	196
Gardner	43	100.0	34	79.06	2	4.65	7	16.27	—	—	60
Grafton	69	100.0	67	97.10	—	—	2	2.89	—	—	42
Medfield	64	100.0	55	85.93	6	9.37	3	4.68	—	—	14
Monson	39	100.0	18	46.15	—	—	—	—	21	53.84	2
Tewksbury	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	43	100.0	32	74.41	—	—	11	25.58	—	—	47
McLean	81	100.0	40	49.38	8	9.87	1	1.23	32	39.50	8
Vet. Adm. Facility No. 95	72	100.0	58	80.55	—	—	1	1.38	13	18.05	29
Vet. Adm. Facility No. 107	99	100.0	85	85.85	—	—	5	5.05	9	9.09	169
Total ¹	2,357	100.0	1,438	61.00	576	24.43	225	9.54	118	5.00	743

¹Totals are admissions, not persons due to admissions at Psychopathic being committed to other hospitals

Of the first admissions to Monson, 75% were voluntary, 25% committed by the court; of the readmissions 54% were voluntary and the remaining 46% court cases. Among the chronic transfer hospitals, Grafton shows the high per cent of court commitments, 90% of the first admissions and 97% of the readmissions. Gardner shows the largest per cent of first admissions entering the hospital on temporary care, observation and voluntary papers, 13%, 10% and 4% respectively. Of Medfield's readmissions, 9% were temporary care cases; 16% of Gardner's readmissions were on observation. The variations in the use of different types of admissions to certain hospitals demonstrate clearly the differing administrative problems facing the superintendents of those hospitals.

VOLUNTARY CARE ADMISSIONS TO PUBLIC AND PRIVATE INSTITUTIONS, 1928-1938

In Table 12 we note that the admission rates for voluntary admissions to all mental hospitals increased from 9.7 in 1928 to 11.0 in 1936 and dropped back to 9.8 in 1938. The voluntary admissions to public mental hospitals increased from 238 in 1928 to 329 in 1938, an increase of 38%. Over the same years, the voluntary admissions to private institutions decreased from 181 in 1928 to 104 in 1938, a decrease of 42%.

TABLE 12. — *Voluntary Care Admissions to Public and Private Institutions, 1928-1938*¹

YEAR	Total Number Public and Private Institutions	Rate per 100,000 estimated popula- tion of State	Public Institution Number	Private Institution Number
1928	419	9.70	238	181
1929	448	10.22	266	182
1930	437	10.28	321	116
1931	466	10.96	367	99
1932	433	10.18	358	75
1933	432	9.88	324	108
1934	447	10.13	387	60
1935	454	10.43	398	56
1936	483	11.00	411	72
1937	451	10.27	381	70
1938	433	9.81	329	104

¹All public and private institutions for the insane and epileptic.

LEGAL STATUS OF FIRST ADMISSIONS DURING 1938 BY HOSPITAL

Table 13 gives the various combinations of legal forms used in first admissions to mental hospitals during 1938. For example, a patient may enter under temporary care (ten day paper), be committed for observation (35 days) and at the end of that period be committed for an indefinite period. The court commitment, used alone, is the most common form, comprising 28 per cent of first admissions. The temporary care admission is second with 21 per cent. Next we have the combination of temporary care followed by court commitment, comprising 16 per cent, and fourth the combination of observation commitment followed by court commitment in 12 per cent.

Considering the State hospitals only, regular court commitment was used to the greatest extent in the following institutions: Grafton — 78%, Medfield — 55%, and Westborough — 53%. In the temporary care form of admission, Boston Psychopathic Hospital shows the high figure of 72%. In order follow Danvers with 15% and Boston State with 14%. The combination of temporary care followed by court commitment comprises 33% of admissions at Danvers, 21% at Northampton and 20% at both Taunton and Foxborough.

LEGAL STATUS OF ALL CASES READMITTED DURING 1938

The following table compares the percentage distributions of the combinations of admission forms in first admissions and readmissions during 1938. Court commitment and the voluntary forms are used more commonly in readmissions than in first admissions. Temporary care and observation forms are substantially reduced in readmissions.

Percentage Distribution in Legal Status of All Cases Admitted for the First Time and All Readmissions, 1938

	All Cases Admitted for First Time	All Readmitted Cases
Court Commitment	28.3	27.4
Temporary Care	21.2	16.5
Observation	10.7	7.2
Voluntary	1.5	3.7
Temporary Care and Voluntary	1.0	.8
Temporary Care and Observation	2.6	2.5
Temporary Care and Court	16.8	24.7
Temporary Care, Observation and Court	4.2	4.2
Observation and Court	12.5	10.4
Others and Court . . . . .	.3	1.2
Other Combinations . . . . .	.5	.9
	100.0	100.0

TABLE 13. — *Legal Status of All Cases Admitted for the First Time to Hospitals for Mental Disorders, 1938, by Hospital:*
Numbers and Percentages

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSYCHOPATHIC		DANVERS		FOX-BOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	1,410	28.3	324	49.7	1	.1	164	24.2	65	29.2	23	24.4	75	78.1	69	55.2	160	35.0
Temporary Care	1,059	21.2	96	14.7	718	72.9	102	15.0	16	7.2	13	13.8	—	—	9	7.2	28	6.1
Observation	1,533	10.7	51	7.8	166	16.8	61	9.0	28	12.6	8	8.5	9	9.3	5	4.0	24	5.2
Voluntary	79	1.5	—	—	—	—	1	.1	1	.4	2	2.1	—	—	—	—	—	—
Temporary Care and Voluntary	50	1.0	—	—	23	2.3	2	.2	5	2.2	2	2.1	—	—	—	—	—	—
Temporary Care and Observation	132	2.6	8	1.2	10	1.0	27	3.9	5	2.2	2	2.1	—	—	1	.8	17	3.7
Temporary Care and Court	841	16.8	124	19.0	49	4.9	226	33.4	46	20.7	9	9.5	1	1.0	23	18.4	99	21.6
Temporary Care, Observation and Court	211	4.2	6	.9	9	.9	32	4.7	11	4.9	11	11.7	—	—	2	1.6	47	10.2
Observation and Court	624	12.5	33	5.0	—	—	59	8.7	50	22.5	24	25.5	11	11.4	15	12.0	77	16.8
Others and Court	16	.3	1	.1	1	.1	—	—	—	—	—	—	—	—	—	—	2	.4
Other Combinations	25	.5	8	1.2	7	.7	2	.2	—	—	—	—	—	—	1	.8	3	.6
Total	4,980	100.0	651	100.0	984	100.0	676	100.0	222	100.0	94	100.0	96	100.0	125	100.0	457	100.0

LEGAL STATUS	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		MCLEAN		BRIDGE-WATER		VETERANS' ADM. FAC. No. 107		VETERANS' ADM. FAC. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	107	25.4	213	53.1	159	29.3	16	40.0	8	5.0	24	39.3	2	5.1	—	—
Temporary Care	35	8.3	4	.9	17	3.1	—	—	21	13.2	—	—	—	—	—	—
Observation	38	9.0	52	12.9	65	11.9	—	—	—	—	26	42.6	—	—	—	—
Voluntary	—	—	1	.2	5	—	24	60.0	39	24.6	—	—	6	15.3	—	—
Temporary Care and Voluntary	2	.4	—	—	—	—	—	—	19	12.0	—	—	—	—	2	14.2
Temporary Care and Observation	26	6.1	10	2.4	19	3.5	—	—	2	1.2	—	—	5	12.8	—	—
Temporary Care and Court	86	20.4	13	3.2	78	14.3	—	—	56	35.4	—	—	20	51.2	11	78.5
Temporary Care, Observation and Court	36	8.5	24	5.9	28	5.1	—	—	2	1.2	—	—	3	7.6	—	—
Observation and Court	90	21.4	82	20.4	171	31.5	—	—	1	.6	11	18.0	—	—	—	—
Others and Court	—	—	—	—	—	—	—	—	9	5.6	—	—	2	5.1	1	7.1
Other Combinations	—	—	2	.4	—	—	—	—	1	.6	—	—	1	2.5	—	—
Total	420	100.0	401	100.0	542	100.0	40	100.0	158	100.0	61	100.0	39	100.0	14	100.0

TABLE 14. — *Legal Status of All Cases Readmitted to Hospitals for Mental Disorders, 1938, by Hospital: Numbers and Percentages*

LEGAL STATUS	TOTAL		BOSTON STATE		BOSTON PSYCHOPATHIC		DANVERS		FOX-BOROUGH		GARDNER		GRAFTON		MEDFIELD		NORTH-AMPTON	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	526	27.4	93	34.1	—	—	59	22.2	26	38.8	13	30.2	56	81.1	28	43.7	55	31.0
Temporary Care	317	16.5	34	12.5	203	73.8	35	13.2	3	4.4	2	4.6	—	—	6	9.3	4	2.2
Observation	139	7.2	23	8.4	49	17.8	10	3.7	4	5.9	6	13.9	2	2.8	3	4.6	2	1.1
Voluntary	71	3.7	7	2.5	2	.7	6	2.2	2	2.9	—	—	—	—	—	—	2	1.1
Temporary Care and Voluntary	17	.8	—	—	7	2.5	1	.3	—	—	—	—	—	—	—	—	—	—
Temporary Care and Observation	49	2.5	5	1.8	2	.7	13	4.9	5	7.4	1	2.3	—	—	—	—	4	2.2
Temporary Care and Court	474	24.7	70	25.7	6	2.1	98	36.9	12	17.9	12	27.9	5	7.2	14	21.8	75	42.3
Temporary Care, Observation and Court	81	4.2	12	4.4	4	1.4	16	6.0	5	7.4	5	11.6	—	—	—	—	12	6.7
Observation and Court	201	10.4	13	4.7	—	—	25	9.4	9	13.4	3	6.9	6	8.6	13	20.3	22	12.4
Others and Court	23	1.2	7	2.5	—	—	—	—	1	1.4	1	2.3	—	—	—	—	—	—
Other Combinations	18	.9	8	2.9	2	.7	2	.7	—	—	—	—	—	—	—	—	1	.5
Total	1,916	100.0	272	100.0	275	100.0	265	100.0	67	100.0	43	100.0	69	100.0	64	100.0	177	100.0

LEGAL STATUS	TAUNTON		WEST-BOROUGH		WORCESTER		MONSON		McLEAN		BRIDGE-WATER		VETERANS' ADM. FAC. No. 107		VETERANS' ADM. FAC. No. 95	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Court	18	14.6	94	55.2	53	26.7	7	35.0	—	—	22	51.1	1	2.6	1	9.0
Temporary Care	14	11.3	4	2.3	5	2.5	—	—	7	8.6	—	—	—	—	—	—
Observation	3	2.4	16	9.4	10	5.0	—	—	—	—	11	25.5	—	—	—	—
Voluntary	—	—	1	.5	5	2.5	12	60.0	26	32.0	—	—	3	7.8	5	45.4
Temporary Care and Voluntary	2	1.6	1	.5	—	—	—	—	6	7.4	—	—	—	—	—	—
Temporary Care and Observation	6	4.8	4	2.3	6	3.0	—	—	1	1.2	—	—	—	—	—	—
Temporary Care and Court	39	31.7	12	7.0	68	34.3	1	5.0	31	38.2	—	—	1	2.6	1	9.0
Temporary Care, Observation and Court	10	8.1	11	6.4	5	2.5	—	—	—	—	—	—	28	73.6	3	27.2
Observation and Court	30	24.3	25	14.7	44	22.2	—	—	—	—	10	23.2	—	—	1	9.0
Others and Court	1	.8	—	—	1	.5	—	—	—	—	—	—	—	—	—	—
Other Combinations	1	.8	2	1.1	1	.5	—	—	1	1.2	—	—	4	10.5	—	—
Total	123	100.0	170	100.0	198	100.0	20	100.0	81	100.0	43	100.0	38	100.0	11	100.0

Table 14 shows the distribution of the combinations of legal forms in readmissions for 1938 by hospital. Court commitment was used most often at Grafton, Medfield and Westborough, comprising 81%, 43% and 55% of readmissions, respectively.

Temporary care admissions followed by court commitment were found in 42% of the Northampton readmissions, 36% at Danvers and 34% at Worcester. Temporary care admissions were high at the Psychopathic Hospital with 73%, Boston State and Danvers being next in order with 12% and 13% respectively.

It is interesting to note that of the 2,181 cases admitted to the Boston Psychopathic Hospital during 1938 over 90% were temporary care, observation or voluntary cases. Of this total 887 went directly to other institutions through commitment or transfer. These cases, of course, are not duplicated in our statistics, being counted but once.

DIAGNOSIS OF ADMISSIONS, 1938, BY FORM OF ADMISSION

Table 15 shows the psychoses admitted under the various legal forms. In the first admissions, 99% of court commitments were diagnosed as "with mental disorder" and only 1% "without mental disorder". In the temporary care admissions 70% were psychotic and 30% without psychoses. In the observation commitments, 41% were "with mental disorder" and 58% classified as not insane. In the voluntary form, 71% were "with mental disorder" and 29% "without mental disorder". Obviously the temporary care, observation and voluntary forms are being used in admitting the borderline cases of mental disorder, many of whom are being diagnosed as "without mental disorder". In the readmissions, very similar percentages are observed for the various admission forms.

In first admissions the psychoses with cerebral arteriosclerosis made up 22% of court commitments, dementia praecox 21% and manic-depressive psychoses 9%. The temporary care group shows "without psychoses" with 24%, the alcoholic psychoses 16% and the psychoneuroses 12%. In the observation group, the leading groups are "without psychoses" with 51%, the alcoholic psychoses 8% and primary behavior disorders 7%. In the voluntary admissions, "without psychoses" is high with 26%, followed by the psychoneuroses with 19% and the convulsive disorders with 16%.

In the readmissions the leading psychoses among the court commitments are dementia praecox 32%, manic-depressive psychoses 24% and psychoses with cerebral arteriosclerosis 7%. The temporary care cases show "without psychoses" high with 25%, the alcoholic psychoses second with 20% and the manic-depressive group third with 11%. Among the observation admissions, the "without psychoses" group with 57% is followed by 7% in the alcoholic group. Among the voluntary admissions, the "without psychoses" group shows 44%, manic-depressive 19% and psychoneuroses 13%.

The outstanding point in this table is the large number of cases who are admitted on short-residence forms and classified as psychotic but who are returned to the community. In the first admissions, 754 temporary care cases "with mental disorder" were allowed to leave the hospital at the end of a ten-day period. In the observation group (35 days) 276 persons "with mental disorder" were allowed to leave. Among the readmissions 236 temporary care cases and 70 observation cases were also returned to the community, although diagnosed as having a mental disorder.

TABLE 16. — *Number of Times Admitted, All Admissions, 1938: Percentage Distribution*

NUMBER OF TIMES ADMITTED	Number			Percentages		
	M.	F.	T.	M.	F.	T.
One	2,791	2,189	4,980	72.9	71.3	72.2
Two	472	376	848	12.3	12.2	12.2
Three	280	263	543	7.3	8.5	7.8
Four	142	115	257	3.7	3.7	3.7
Five	58	55	113	1.5	1.7	1.6
Six	32	27	59	.8	.8	.8
Seven	21	20	41	.5	.6	.5
Eight	9	7	16	.2	.2	.2
Nine	5	3	8	.1	.09	.1
Ten plus	18	13	31	.4	.4	.4
Total	3,828	3,068	6,896	100.0	100.0	100.0
Average Number of Times Admitted	1.59	1.62	1.60			

(See Table 205 for detail)

NUMBER OF TIMES ADMITTED, ALL ADMISSIONS, 1938

Table 16 presents the number of the present admission of patients coming into mental hospitals during 1938. Of the 6,896 admissions, 4,980 or 72% were admitted for the first time, 848 or 12% were having their second admission, 543 or 7% their third admission, 257 or 3% their fourth admission and 113 or 1% their fifth admission. Thirty-one patients, or .4% were having their tenth or higher admission. While nearly three-quarters of mental cases coming into mental hospitals are first admissions, the readmissions show many cases who have been in mental hospitals repeatedly. The 1,916 patients admitted two or more times represent at least 4,153 previous admissions. The average number of times admitted for all admissions for 1938 is 1.60 times, 1.59 times for the males and 1.62 times for the females.

Table 17 gives the average number of times admitted by diagnosis. These are arranged in order, showing the tendency for readmission in certain psychoses. The highest averages for the number of times admitted are as follows: with psychopathic personality, 2.37; manic-depressive, 2.32; with epidemic encephalitis, 2.14; with convulsive disorders, 1.88; with mental deficiency, 1.85; dementia praecox, 1.79 and psychoses due to drugs, 1.73. Groups showing the least tendency to readmission are psychoses with other infectious diseases and due to new growth, each with an average of 1.00. The group "without mental disorder" comprises 15.4% of all admissions and shows a high average of 1.58 admissions per patient. The borderline group evidently shows symptoms which cause return to hospital although no psychosis is present.

TABLE 17. — *Average Number of Times Admitted, All Admissions, 1938, by Diagnosis*

DIAGNOSES	Number	Average Number of Times Admitted
With psychopathic personality	108	2.37
Manic-depressive psychoses	789	2.32
With epidemic encephalitis	7	2.14
With convulsive disorders (epilepsy)	151	1.88
With mental deficiency	211	1.85
Dementia praecox	1,216	1.79
Due to drugs, etc.	41	1.73
Without psychoses	936	1.63
Paranoia and paranoid conditions	168	1.54
With other forms of syphilis	28	1.53
Alcoholic psychoses	618	1.51
Psychoneuroses	405	1.51
With organic changes of nervous system	109	1.37
Undiagnosed psychoses	87	1.35
Involuntional psychoses	220	1.34
Traumatic psychoses	37	1.29
Primary behavior disorders	127	1.21
With syphilitic meningo-encephalitis	218	1.19
With cerebral arteriosclerosis	916	1.17
Senile psychoses	332	1.12
Due to other metabolic diseases, etc.	101	1.13
With other disturbances of circulation	42	1.07
Due to new growth	10	1.00
With other infectious diseases	19	1.00
Total With Mental Disorder	5,833	1.61
Total Without Mental Disorder	1,063	1.58
Grand Total	6,896	1.60

(See Table 205 for detail)

NATIVITY AND PARENTAGE OF ADMISSIONS, 1938

Table 18 outlines the nativity of first admissions and readmissions for 1938, presenting rates for the same nativity groups in the population 15 years of age and over (1930 Census). The foreign born show a first admission rate of 147 per 100,000 and the native born a rate of 167. When the native born are subdivided in accordance with parentage, the native born with both parents foreign born show an admission rate of 160 and the native born with one parent foreign born and the other parent native born, an admission rate of 168. Apparently the higher rate for the native born is maintained by the high admission rates in the native born of foreign or mixed parentage. The native born with both parents native born show the lowest rate of any of the groups, 150.

In the readmissions, the foreign born show an admission rate of 44 per 100,000 while the native born show a much higher rate of 70. When we subdivide this native born

group in accordance with parentage, we find the native born of foreign parentage with an admission rate of 74, the native born of mixed parentage with an admission rate of 76, and the native born of native parentage with an admission rate of 61. In the readmissions the foreign born show the lowest admission rate of all the nativity groups and all of the native born groups are decidedly higher.

TABLE 18. — *Nativity and Percentage of First and Readmissions, 1938: Rates per 100,000 of Same Nativity Groups 15 Years of Age and Over, 1930 Census*

ADMISSIONS	Aggregate	Foreign Born	Native Born	Nativity Unknown	PARENTAGE OF NATIVE BORN			
					Foreign	Mixed	Native	Unknown
<i>Numbers</i>								
First Admissions	4,980	1,523	3,446	11	1,282	523	1,411	230
Readmissions	1,916	461	1,453	2	595	237	580	41
All Types	6,896	1,984	4,899	13	1,877	760	1,991	271
<i>Rates</i>								
First Admissions	161.6	147.8	167.9	—	160.0	168.2	150.2	—
Readmissions	62.1	44.7	70.8	—	74.2	76.2	61.7	—
All Types	223.7	192.5	238.7	—	234.2	244.4	211.9	—

(See Tables 178 and 179 for detail)

ADMISSION AGES OF NATIVE AND FOREIGN BORN ADMISSIONS, 1938

Table 19 shows that the average age of the foreign born first admissions was 55 years while that of the native born was 42 years. When we subdivide the native born in accordance with parentage, the native born of foreign parentage present an average admission age of 39 years, the native born of mixed parentage an average of 38 years and the native born of native parentage an average admission age of 45 years.

In the readmissions, the foreign born show an average admission age of 49 years while the native born present an average age of 39 years. Subdividing the native born, we have an average of 38 years for the native born of foreign parentage, 37 years for the native born of mixed parentage and 41 years for the native born of native parentage.

In interpreting this table we must remember that there are comparatively few of the foreign born in the younger age groups. Through restrictions of immigration the younger age groups have not been replaced in the foreign born. The foreign born remaining are steadily growing older while the native born are having the younger ages replaced each year.

The most valuable comparisons can be made in the native born themselves, where the age differential is not so pronounced. The native born with one parent foreign and the other parent native tend to come into hospitals earliest, showing an average age of 38 years (first admissions). The native born with both parents foreign born are one year older (39 years). The native born with both parents native born are about 7 years older than the first group, or 45 years. Similarly, among the readmissions the native born of mixed parentage come to mental hospitals earliest, presenting an average of 37 years. The native born of foreign parentage are one year older with an average of 38 years, while the native born of native parentage are admitted at an average of 41 years. In both first admissions and readmissions the native born of native parentage come into mental hospitals at a later age than the native born of foreign or mixed parentage.

ECONOMIC STATUS OF FIRST ADMISSIONS, 1938, BY USE OF ALCOHOL

Table 20 points out that 40% of first admissions during 1938 were abstinent in alcoholic habits, 26% temperate and 26% intemperate. The sexes vary markedly; the females showing 11% of intemperance and the males 38%. Conversely, only 26% of the males are abstinent while 59% of the females fall in this classification. In the male first admissions, the highest per cent of abstinence is observed in the dependent economic group, 30%, as compared to 28% for the comfortable group and 25% for the marginal. The highest per cent of intemperance is observed in the marginal group, 42%, as compared to 34% for the dependent and 21% for the comfortable.

Similar proportions are found in the female first admissions. The dependent show the highest per cent abstinent, 69%; the comfortable show 62% and the marginal 57%.

TABLE 19. — *Admission Ages of First and Readmissions, 1938, by Nativity and Parentage: Averages*

	NATIVITY			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Foreign Born	56.2	55.4	55.8	48.9	49.1	49.0			
Native Born	41.2	43.6	42.2	39.0	39.4	39.2			
Both Parents Foreign Born	38.9	40.7	39.7	38.4	38.0	38.2			
One Parent Foreign Born, Other Native	38.4	39.5	38.8	36.1	38.6	37.1			
Both Parents Native Born	43.6	46.8	45.0	41.0	41.2	41.1			
Parentage Unknown	45.3	49.6	47.1	35.6	39.0	37.2			
Nativity Unknown	45.6	67.5	51.5	32.5	47.5	40.0			
Aggregate Average Age	45.6	47.4	46.4	41.0	42.2	41.5			

(See Tables 178 and 179 for detail)

TABLE 20. — *Economic Status of First Admissions, 1938, by Use of Alcohol and Sex: Percentage Distribution*

ECONOMIC STATUS	TOTAL			ABSTINENT			TEMPERATE			INTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Number	559	407	966	173	282	455	156	67	223	191	33	224	39	25	64
Percent	100.0	100.0	100.0	30.9	69.2	47.1	27.9	16.4	23.0	34.1	8.1	23.1	6.9	6.1	6.6
Marginal:															
Number	1,967	1,571	3,538	508	905	1,413	572	394	966	831	194	1,025	56	78	134
Percent	100.0	100.0	100.0	25.8	57.6	39.9	29.0	25.0	27.3	42.2	12.3	28.9	2.8	4.9	3.7
Comfortable:															
Number	130	114	244	37	71	108	64	35	99	28	8	36	1	—	1
Percent	100.0	100.0	100.0	28.4	62.2	44.2	49.2	30.7	40.5	21.5	7.0	14.7	.7	—	.4
Unknown:															
Number	135	97	232	13	34	47	31	9	40	30	10	40	61	44	105
Percent	100.0	100.0	100.0	9.6	35.0	20.2	22.9	9.2	17.2	22.2	10.3	17.2	45.1	45.3	45.2
Total:															
Number	2,791	2,189	4,980	731	1,292	2,023	823	505	1,328	1,080	245	1,325	157	147	304
Percent	100.0	100.0	100.0	26.1	59.0	40.6	29.4	23.0	26.6	38.6	11.1	26.6	5.6	6.7	6.1

The marginal have 12% intemperate, the dependent 8% and the comfortable 7%. However, the basic sex groups differ in that the men are showing three and one-half times as much intemperance as the women.

AVERAGE ADMISSION AGES OF ADMISSIONS, 1938, BY DIAGNOSIS AND INSTITUTION

Table 21 reveals that the average age of first admissions was 46.4 years and the average age of readmissions 41.5 years. This lower admission age of readmissions is due to the fact that first admissions of the younger ages comprise the readmissions of subsequent years. Patients having admissions in the older ages do not tend to readmission. In both first admissions and readmissions, the patients "with mental disorder" show higher admission ages than patients "without mental disorder". In first admissions, high admission ages occur in senile psychoses — 76 years, cerebral arteriosclerosis — 70 years, other disturbances of circulation — 57 years, due to new growth — 54 years and involutional psychoses — 52 years. Of the twenty-two mental disorders, seventeen show older admission ages in the males. Psychoses presenting the younger admission ages are epidemic encephalitis — 23 years, psychopathic personality — 29 years, dementia praecox — 31 years and mental deficiency — 32 years.

TABLE 21. — *Admission Ages of First and Readmissions by Diagnosis and Sex, 1938: Averages in Years*

DIAGNOSES	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Senile psychoses	76.8	75.6	76.1	74.1	73.9	74.0
With cerebral arteriosclerosis	70.2	70.0	70.1	69.7	66.4	68.1
With other disturbances of circulation	57.5	57.7	57.6	—	52.5	52.5
Due to new growth	55.0	53.7	54.0	—	—	—
Involutional psychoses	55.2	51.2	52.3	51.5	51.3	51.4
Paranoia and paranoid conditions	48.8	48.4	48.6	48.9	46.7	47.9
With organic changes of nervous system	48.2	47.0	47.8	40.2	37.1	38.7
With syphilitic meningo-encephalitis	45.8	48.3	46.4	48.1	44.6	47.3
With other forms of syphilis	48.9	41.9	46.1	41.2	37.5	40.5
Due to drugs, etc.	46.1	45.2	45.6	38.3	45.0	41.6
Due to other metabolic diseases	50.1	41.7	45.4	40.0	40.8	40.5
Alcoholic psychoses	45.0	44.8	44.9	45.4	43.8	45.2
With other infectious diseases	47.5	38.3	41.7	—	—	—
Traumatic psychoses	41.5	38.8	40.8	38.7	—	38.7
Manic-depressive psychoses	41.2	39.0	39.8	42.9	42.9	42.9
Psychoneuroses	39.8	38.3	39.0	41.6	39.7	40.5
Undiagnosed psychoses	37.2	39.7	38.3	34.1	34.5	34.2
With convulsive disorders (epilepsy)	36.1	35.8	36.0	34.8	32.5	33.9
With mental deficiency	33.7	30.1	32.1	36.4	33.4	34.9
Dementia praecox	29.8	34.2	31.9	33.3	37.3	35.2
With psychopathic personality	31.5	25.8	29.8	30.8	36.1	33.5
With epidemic encephalitis	17.5	25.8	23.7	27.5	37.5	30.8
Without psychoses	36.7	37.2	36.8	39.6	38.1	39.2
Primary behavior disorders	23.0	20.4	21.9	19.8	26.9	23.4
Total With Mental Disorder	48.1	49.0	48.6	41.5	42.8	42.1
Total Without Mental Disorder	35.1	33.8	34.7	38.7	36.8	38.2
Grand Total	45.6	47.4	46.4	41.0	42.2	41.5

(See Tables 184 and 185 for detail)

In readmissions the high average ages occur in senile psychoses — 74 years, cerebral arteriosclerosis — 68 years, other disturbances of circulation — 52 years and involutional psychoses — 51 years. The younger admission ages are observed in epidemic encephalitis — 30 years, convulsive disorders and psychopathic personality — 33 years; mental deficiency and undiagnosed psychoses — 34 years and dementia praecox — 35 years. Wide variations between the high average of 76 years for the senile psychoses and 23 years for epidemic encephalitis show how necessary it is to consider the matter of age in any study of mental disorders.

Table 22 shows the differences in admission ages of the cases coming to the various hospitals. The average admission age at Psychopathic is 35 years for the first admissions and 36.8 years for the readmissions. Among the active admitting hospitals, the highest average age of first admissions, 54.4 years, is observed at Boston State; the lowest, 47.5 years, at Westborough. The highest average age of readmissions, 44.5 years, is observed at Taunton; the lowest, 40.7 years, at Foxborough. Among the chronic transfer hospi-

tals, the high average age is found at Gardner, 53.5 years, in the first admissions and at Grafton, 45.6 years, in the readmissions. As would be expected, the average age at Monson is low, 37.5 years for first admissions and 33.3 years for readmissions.

TABLE 22. — *Age at Admission of First and Readmissions, 1938, by Hospital: Averages*

HOSPITALS	First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.
Boston Psychopathic	35.3	34.6	35.0	38.1	35.2	36.8
Boston State	53.0	55.9	54.4	40.2	46.4	43.3
Taunton	50.2	50.7	50.4	46.5	42.3	44.5
Danvers	49.3	50.0	49.6	42.2	41.8	42.0
Foxborough	48.7	49.3	48.9	40.5	40.8	40.7
Worcester	47.5	50.1	48.6	41.1	42.5	41.8
Northampton	46.6	49.6	47.9	41.1	47.4	44.2
Westborough	46.6	48.3	47.5	42.7	44.5	43.7
Gardner	52.6	54.4	53.5	43.0	39.2	40.9
Medfield	47.2	48.1	47.7	38.4	40.6	39.5
Grafton	47.0	42.9	45.4	44.2	47.3	45.6
Monson	37.5	37.5	37.5	37.2	30.0	33.3
Veterans' Administration Facility No. 107	48.3	—	48.3	45.0	—	45.0
McLean	45.4	47.5	46.5	37.1	40.3	38.6
Veterans' Administration Facility No. 95	45.7	—	45.7	45.9	—	45.9
Bridgewater	34.5	—	34.5	35.4	—	35.4
All Hospitals	45.6	47.4	46.4	41.0	42.2	41.5

(See Tables 186 and 187 for detail)

COUNTRY OF ORIGIN OF FOREIGN BORN ADMISSIONS, 1938

Table 23 gives the numbers of foreign born first admissions and readmissions, 1938, and compares these with the foreign born population 15 years of age and over from the same countries of origin (1930 Census). In first admissions the high admission rates are shown by Austria — 306 per 100,000, Portugal — 250, Ireland — 214, and Finland — 193. The low admission rates are shown by Sweden — 107, Canada and Russia — 118 and Germany — 128. In readmissions the high admission rates are shown by Austria — 94, Russia — 86, and Italy — 59. The low rates are shown by Sweden — 22, England — 28, and Canada — 29.

TABLE 23. — *Country of Origin of Foreign Born First and Readmissions, 1938: Rates per 100,000 of Corresponding Population 15 Years of Age and Over, 1930 Census*

COUNTRY	COUNTRY OF ORIGIN OF FOREIGN BORN			RATES PER 100,000 POPULATION SAME COUNTRY OF ORIGIN		
	Population 1930 Census 15+ Years	First Admissions 1938 ²	Read- missions 1938	Total Admissions	First Admissions	Read- missions
Austria	4,244	13	4	400.	306.	94.
Portugal	24,376	61	13	303.	250.	53.
Ireland	157,770	339	77	263.	214.	48.
Finland	12,902	25	7	248.	193.	54.
Greece	16,598	28	8	216.	168.	48.
Russia	67,262	80	58	205.	118.	86.
Scotland	31,345	51	12	200.	162.	38.
Poland	71,072	109	32	198.	153.	45.
Italy	123,452	170	74	197.	137.	59.
France	5,925	8	3	185.	135.	50.
Germany	20,230	26	9	173.	128.	44.
England	76,943	105	22	165.	136.	28.
Canada ¹	284,465	338	83	147.	118.	29.
Sweden	36,343	39	8	129.	107.	22.
All Other Countries	96,862	131	52	188.	135.	53.
Unknown	—	11	1	—	—	—
Total	1,029,789	1,534	463	193.	148.	44.

(See Tables 177 and 180-181 for detail)

¹Includes Newfoundland.

²Countries showing five or less First Admissions are included with "All Other Countries."

COUNTRY OF ORIGIN OF NATIVE BORN (FOREIGN OR MIXED PARENTAGE)
FIRST AND READMISSIONS, 1938

Table 24 presents the same data as the preceding table, but for the native born of foreign or mixed parentage by country of origin. The numbers of admissions are compared with the population of the same country of origin 15 years of age and over (1930 Census). In first admissions the high admission rates are presented by Greece — 505 per 100,000, Portugal — 337, Finland — 234 and Poland — 203. The low admission rates are shown by Sweden — 98, Germany — 105 and Scotland — 124. In the native born readmissions, the high rates are shown by Russia — 168, Austria — 141 and Finland — 111. The low rates are shown by Greece — 33, France — 43, Poland — 54 and Sweden — 55.

TABLE 24. — *Country of Origin of Native Born of Foreign or Mixed Parentage, First and Readmissions, 1938: Rates per 100,000 of Corresponding Population 15 Years of Age and Over, 1930 Census*

COUNTRY	COUNTRY OF ORIGIN OF NATIVE BORN			RATES PER 100,000 POPULATION SAME COUNTRY OF ORIGIN		
	Population 1930 Census 15+ Years	First Admissions 1938	Read- missions 1938	Total Admissions	First Admissions	Read- missions
Greece	2,967	15	1	539.	505.	33.
Portugal	13,628	46	11	418.	337.	80.
Russia	44,637	81	75	349.	181.	168.
Finland	8,098	19	9	345.	234.	111.
Austria	4,238	8	6	330.	188.	141.
Italy	77,738	146	70	277.	187.	90.
Ireland	338,599	601	274	258.	177.	80.
Poland	49,170	100	27	258.	203.	54.
England	95,684	150	69	228.	156.	72.
France	6,937	12	3	216.	172.	43.
Canada ¹	304,303	469	180	213.	154.	59.
Germany	43,570	46	36	188.	105.	82.
Scotland	31,272	39	19	185.	124.	60.
Sweden	32,419	32	18	154.	98.	55.
All Other Countries	58,824	77	38	194.	130.	64.
Unknown	—	138	29	—	—	—
Total	1,112,084	1,979	865	255.	177.	77.

(See Tables 182 and 183 for detail)

¹Includes Newfoundland.

Admission Rate — Native Born of Native Parentage: First Admissions — 156 (1,467 cases); Readmissions — 62 (588 cases).

CITIZENSHIP OF ADMISSIONS, 1938

Table 25 presents the citizenship of first and readmissions for all mental hospitals during the year 1938. In both first admissions and readmissions, non-citizens who have taken out their first papers show the low rate, 43 and 5 per 100,000 of the corresponding population respectively. Citizens by birth and naturalized citizens each show rates of 110 in first admissions. The high rate of 139 is found in the alien group. The high rate of 46 for the readmissions comes in the citizens by birth.

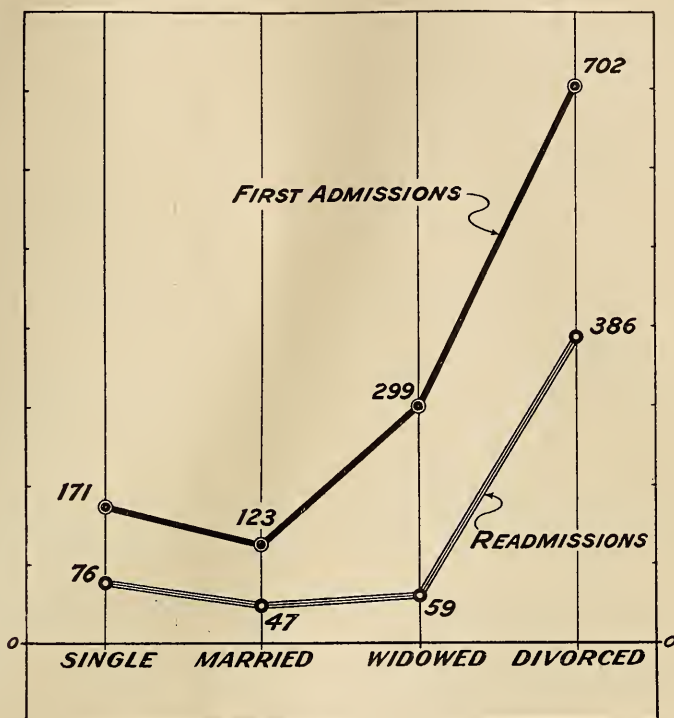
TABLE 25. — *Citizenship of Admissions, 1938: Rates per 100,000 of Corresponding Population, Massachusetts Census, 1930*

ADMISSIONS	Aggregate	Citizens	Naturalized	Aliens	First Papers	Unknown
<i>Numbers</i>						
First Admissions	4,980	3,465	584	581	38	312
Readmissions	1,916	1,463	207	183	5	58
All Types	6,896	4,928	791	764	43	370
<i>Rates</i>						
First Admissions	117.1	110.4	110.8	139.7	43.3	—
Readmissions	45.0	46.6	39.2	44.0	5.7	—
All Types	162.2	157.0	150.1	183.8	49.0	—

(See Table 194 for detail)

As the United States Census data do not record citizenship by age, it is impossible to exclude those under 15 years in making up the above rates. As citizens by birth present several million persons in the population under the age of 15 years while the aliens present

only a few in these ages, the rates as outlined favor the citizens by birth. Comparisons should be confined, therefore, to the admission rates presented by the naturalized foreign born and the alien foreign born. Apparently the naturalized foreign born are a better prospect in regard to mental disorder than the foreign born who do not become citizens.



GRAPH 1. — MARITAL CONDITION OF ALL FIRST ADMISSIONS AND READMISSIONS, 1938. RATES PER 100,000 OF SAME MARITAL CONDITION IN MASSACHUSETTS POPULATION, 1930 CENSUS

MARITAL CONDITION OF ADMISSIONS, 1938: RATES PER 100,000 OF CORRESPONDING POPULATION

Table 26 and Graph 1 present the numbers and admission rates per 100,000 of the population for the various marital groups entering mental hospitals. The total line shows the male first admissions with a rate of 185 per 100,000 and the females with a much lower rate of 135. In readmissions the males show a rate of 69 and the females a lower rate of 54.

In first admissions the married show the low admission rate of 123 per 100,000, the single a higher rate of 171, the widowed a much higher rate of 299 and the divorced the extremely high rate of 702. In the readmissions the married show the low rate of 47, the widowed the next lowest 59, the single a rate of 76 and the divorced the extremely high rate of 386.

In all marital groups the admission rates for the males are higher than those for the females. We now measure these rates in terms of their departures from the low rates of the married group. The rate of the single females is 15% higher than that of the married females, while the rate of the single males is 71% higher than that of the married males. The widowed females offer a rate 91% higher than that of the married females, while the widowed males are 172% higher than the married males. The rate of the divorced females is 422% higher than that of the married females and the rate of the divorced males is 697% higher than that of the married males.

TABLE 26. — *Marital Condition of First and Readmissions, 1938: Rates per 100,000 of Corresponding State Population 15 Years of Age and Over, 1930 Census*

MARITAL CONDITION	TOTAL ADMISSIONS					FIRST ADMISSIONS					READMISSIONS				
	Number		Rate		T.	Number		Rate		T.	Number		Rate		T.
	M.	F.	M.	F.	T.	M.	F.	M.	F.	T.	M.	F.	M.	F.	T.
Single	1,708	1,007	2,715			1,177	700	1,877			531	307	838		
Married ¹	1,497	1,294	2,791			1,133	905	2,038			364	388	753		
Widowed	361	551	912			305	456	761			56	95	151		
Divorced	155	124	279			105	75	180			50	49	99		
Separated	101	86	187			67	47	114			34	39	73		
Unknown	6	6	12			4	6	10			2	—	2		
Total	3,828	3,068	6,896			2,791	2,189	4,980			1,037	879	1,916		
						254.8	189.3	220.8			185.8	135.0	159.4		
											69.0	54.2	61.3		

(See Tables 195 and 196 for detail)

¹Rate includes "married" and "separated."TABLE 27. — *Admission Age of First and Readmissions, 1938, by Marital Condition: Averages*

	MARITAL CONDITION			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	.	.	.	35.2	37.4	36.0	34.1	36.4	34.9
Married	.	.	.	49.8	45.5	47.9	47.1	43.2	45.1
Widowed	.	.	.	68.6	67.4	67.9	61.7	59.5	60.3
Divorced	.	.	.	48.6	45.4	47.2	44.8	41.3	43.0
Separated	.	.	.	49.3	46.3	48.0	42.0	41.6	41.8
Unknown	.	.	.	57.5	68.3	64.0	40.0	—	40.0
All Groups	.	.	.	45.6	47.4	46.4	41.0	42.2	41.5

(See Tables 197 and 198 for detail)

Single, widowed or divorced males show a greater chance of developing mental disorder than do the females of these same groups. These differences suggest that marriage is more of a protective factor in the case of the males than in the case of the females.

MARITAL CONDITION AND AVERAGE ADMISSION AGE, 1938

Table 27 presents the average admission ages of first admissions and readmissions by marital status. Female first admissions are about 1.8 years older than male first admissions (females — 47.4 years, males — 45.6 years). The widowed show the high admission age of 67 years; the separated average 48 years, the married and divorced 47 years each and the single 36 years. In the married, the widowed, the divorced and the separated the females are admitted at younger average ages than the males.

In readmissions the high admission age of 60 years occurs in the widowed; the married average 45 years, the divorced 43 years, the separated 41 years and the single 34 years. While the differences between the sexes are small the same relationships as in first admissions are seen. Female readmissions present the lower admission ages in the married, the widowed, the divorced and the separated.

The admission ages shown suggest that some of the variations in Table 26 may be due to age differences. While we can explain the high admission rate for the widowed on a basis of age, we cannot do so in the case of the divorced. The average admission age of 47 years for the divorced indicates that a large part of the admissions in this group come from the same ages as the married admissions (average 47 years) yet the rate for the divorced is over five times that of the married. Again, the single, drawing admissions from the younger ages (average 36 years) with low admission rates, show a total admission rate which is higher than that of the married.

ECONOMIC STATUS OF ADMISSIONS, 1938

In Table 28 first admissions record 19% as dependent in economic status, 71% as marginal and 4% as comfortable. The females show slightly higher percentages in the marginal and the comfortable. In readmissions 17% were reported as dependent, 74% as marginal and 5% as comfortable.

TABLE 28. — *Economic Status of First and Readmissions, 1938: Percentage Distribution*

ECONOMIC STATUS	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	559	407	966	20.0	18.5	19.3	203	138	341	19.5	15.6	17.7
Marginal	1,967	1,571	3,538	70.4	71.7	71.0	752	675	1,427	72.5	76.7	74.4
Comfortable	130	114	244	4.6	5.2	4.8	53	57	110	5.1	6.4	5.7
Unknown	135	97	232	4.8	4.4	4.6	29	9	38	2.7	1.0	1.9
Total	2,791	2,189	4,980	100.0	100.0	100.0	1,037	879	1,916	100.0	100.0	100.0

(See Tables 201 and 202 for detail)

TABLE 29. — *Environment of First and Readmissions, 1938: Rates per 100,000 Population of Same Environment, 1930 Census*

ADMISSIONS	Total	Urban	Rural	Unknown
First Admissions:				
Number	4,980	4,628	216	136
Rate	117.1	120.7	51.6	—
Readmissions:				
Number	1,916	1,763	74	79
Rate	45.0	46.0	17.6	—
All Admissions:				
Number	6,896	6,391	290	215
Rate	162.2	166.8	69.3	—

ADMISSIONS FROM RURAL AND URBAN AREAS, 1938: RATES PER 100,000 POPULATION

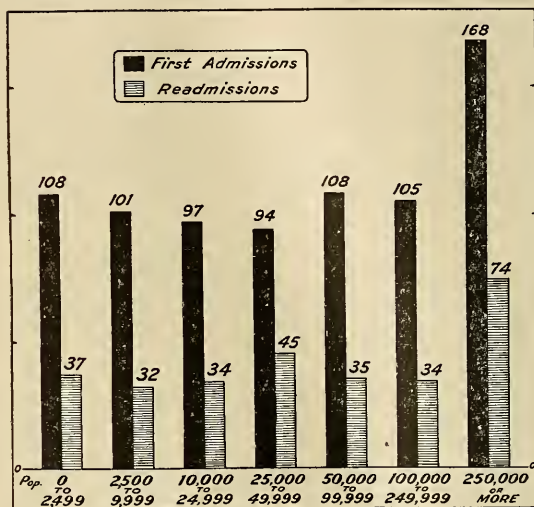
In Table 29 first admissions from the urban areas show an admission rate of 120 and those from the rural areas a much lower rate of 51. The rate for the cities is approximately two and one-half times that for the rural areas. In the readmissions the urban

group shows an admission rate of 46 with 17 for the rural sections. Here also the urban rate is approximately two and one-half times that of the rural rate. City dwellers have a far greater chance of being admitted for mental disorders than those living in the villages or rural areas.

POPULATION OF PLACE OF RESIDENCE OF ADMISSIONS, 1938

Table 30 and Graph 2 show the low admission rate for first admissions in the intermediate cities with population between 25,000 and 49,999. The admission rates for all population groups from the villages up to 250,000 population are fairly constant. The large cities (250,000+) show a rate which is 55% higher than that of any of the other groups.

In the readmissions the low rate of 32 occurs in the 2,500-9,999 group. In readmissions as in first admissions, the large cities (250,000+), with a rate of 74, are 64% higher than any of the other population groups. In the readmissions the difference between the other population groups and the large cities is more pronounced.



GRAPH 2. — POPULATION OF PLACE OF RESIDENCE OF ALL FIRST ADMISSIONS AND READMISSIONS, 1938: ADMISSION RATES PER 100,000 OF SAME POPULATION GROUP

DEGREE OF EDUCATION OF ADMISSIONS, 1938

Table 31 shows that 52% of first admissions during 1938 had a common school education and 22% a high school education. Five per cent report a college education and 5% were illiterate. The females present the higher percentages in the illiterate, "reads only" and high school groups, and the males are higher in the groups "reads and writes", common school and college.

In the readmissions, common school is again high with 51%, high school second with 27% and the college group third with 8%. If the educational accomplishments of first admissions of previous years have remained constant, then these higher educational groups are the ones tending to readmission. Sex differences are essentially the same as in first admissions.

INTEMPERATE USE OF ALCOHOL IN ADMISSIONS, 1938

In Table 32, 26% of all first admissions and 30% of readmissions were recorded as intemperate in the use of alcohol. In first admissions the total for the group "with mental disorder" is 23% of intemperance and for the group "without mental disorder" 44%. In readmissions the patients actually psychotic show 25% of intemperance while those "without mental disorder" record 57% of intemperance.

Marked sex differences are observed. In first admissions "with mental disorder" the males show 35% intemperate and the females but 8%. In those "without mental

TABLE 30. — *Population of Place of Residence of First and Readmissions, 1938: Rates per 100,000 Same Population Units, 1930 Census*

POPULATION	Population in Each Unit — 1930 Census	First Admissions		Readmissions	
		Number	Rate	Number	Rate
0-2,499	199,957	216	108.0	74	37.0
2,500-9,999	544,976	551	101.1	177	32.4
10,000-24,999	693,428	675	97.3	242	34.8
25,000-49,999	576,467	543	94.1	263	45.6
50,000-99,999	460,411	499	108.3	162	35.1
100,000-249,999	993,187	1,046	105.3	338	34.0
250,000+	781,188	1,314	168.2	581	74.3
Unknown	—	136	—	79	—
Total	4,249,614	4,980	117.1	1,916	45.0

(See Tables 203 and 204 for detail)

TABLE 31. — *Degree of Education of First and Readmissions, 1938: Number and Percent*

DEGREE OF EDUCATION	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Illiterate	148	123	271	5.3	5.6	5.4	41	38	79	3.9	4.3	4.1
Reads only	14	19	33	8.3	6.8	7.6	65	58	123	6.2	5.9	6.4
Common School	232	145	377	8.3	6.8	7.5	65	58	123	6.2	5.9	6.4
High School	1,475	1,125	2,600	52.8	51.3	52.2	558	426	984	53.8	48.4	51.3
College	584	557	1,141	20.9	25.4	22.9	249	278	527	24.0	31.6	27.5
Unknown	158	104	262	5.6	4.7	5.2	92	62	154	8.8	7.0	8.0
Unknown	180	116	296	6.4	5.2	5.9	26	9	35	2.5	1.0	1.8
Total	2,791	2,189	4,980	100.0	100.0	100.0	1,037	879	1,916	100.0	100.0	100.0

(See Tables 199 and 200 for detail)

TABLE 32. — *First and Readmissions Classified as Intemperate in the Use of Alcohol, 1938, by Diagnosis: Numbers and Percentages*¹

Diagnoses	Total First Admissions		Number Intemperate		Percentage Intemperate		Total Readmissions		Number Intemperate		Percentage Intemperate	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	149	39	188	41	12	53	27.5	30.7	28.1	23	7	30
With other forms of syphilis	14	9	23	4	1	5	28.5	11.1	21.7	4	1	5
With epidemic encephalitis	7	3	10	2	1	3	—	—	—	2	1	3
With other infectious diseases	394	67	461	394	67	461	28.5	8.3	15.7	142	15	157
Alcoholic psychoses	11	18	29	9	6	15	81.8	33.3	51.7	6	6	12
Due to drugs, etc.	25	8	33	7	1	8	28.0	12.5	24.2	4	—	4
Traumatic psychoses	417	393	810	100	14	114	23.9	3.5	14.0	53	53	106
With cerebral arteriosclerosis	22	18	40	3	2	5	13.6	11.1	12.5	—	2	2
With other disturbances of circulation	50	35	85	9	6	9	18.0	—	10.5	41	25	66
With convulsive disorders (epilepsy)	133	173	306	23	6	29	17.2	3.4	9.4	9	17	26
Senile psychoses	46	128	174	6	5	11	13.0	3.9	6.3	10	36	46
Involuntary psychoses	40	51	91	14	3	17	35.0	5.8	18.6	4	6	10
Due to other metabolic diseases, etc.	2	8	10	1	—	1	—	—	—	—	—	—
Due to new growth	57	31	88	15	4	10	26.3	12.9	21.5	11	10	21
With organic changes of nervous system	135	168	303	32	15	47	23.7	8.9	15.5	43	59	102
Psychoneuroses	135	265	400	22	9	31	16.2	3.3	7.7	38	22	60
Manic-depressive psychoses	389	363	752	63	12	75	16.1	3.3	9.0	251	213	464
Dementia praecox	60	63	123	20	3	23	33.3	4.7	18.0	12	1	13
Paranoia and paranoid conditions	36	15	51	17	5	22	47.2	33.3	43.1	28	29	57
With psychopathic personality	74	58	132	11	2	13	14.8	3.4	9.8	41	38	79
With mental deficiency	40	33	73	12	5	17	30.0	15.1	23.2	9	5	14
Undiagnosed psychoses	492	184	676	268	68	336	54.4	36.9	49.7	187	73	260
Without psychoses	62	47	109	8	3	11	12.9	6.3	10.0	9	9	18
Primary behavior disorders	2,237	1,958	4,195	804	174	978	35.9	8.8	23.3	841	797	1,638
Total With Mental Disorder	554	231	785	276	71	347	49.8	30.7	44.2	196	82	278
Total Without Mental Disorder	2,791	2,189	4,980	1,080	245	1,325	38.6	11.1	26.6	1,037	879	1,916
Grand Total												

(See Tables 190 and 191 for detail)
¹These percentages are based upon the total of each psychosis of first and readmissions.

disorder", however, the sex differences are much less, with 49% intemperate in the males and 30% in the females. Essentially the same relationships occur in readmissions. In male first admissions the high proportions of intemperance occur in the alcoholic psychoses — 100%, psychoses due to drugs — 81%, "without psychoses" — 54% and psychopathic personality — 47%. In the females the same order is preserved, with the exception that "without psychoses" takes second position and due to drugs third.

In the male readmissions the alcoholic psychoses and psychoses due to drugs show 100% of intemperance, "without psychoses" 65%, paranoia 50% and with organic changes of the nervous system 45%. In the female readmissions the alcoholic psychoses show 100% intemperate, "without psychoses" 47% and undiagnosed psychoses 40%.

Intemperate alcoholic habits are present in a large per cent of mental disorders not diagnosed as the alcoholic psychoses. One in every four of first admissions and one in every three of readmissions were intemperate in the use of alcohol. The higher percentages in the readmissions, particularly in certain psychoses, indicate that the intemperate use of alcohol is a prominent factor in causing the readmission.

INTEMPERATE USE OF ALCOHOL IN FIRST ADMISSIONS, 1917-1938

In Table 33 first admissions for the year 1917 show the high intemperance of 25.8%. This drops precipitately to the low of 14% in 1920, the first year of the Eighteenth Amendment. From that point onward there are slightly higher percentages, reaching to 20.2% in 1932. First admissions offered 19% of intemperance in 1933 when the Prohibition Amendment was repealed. Since that time we have seen gradual increases with a new high of 26.6% in 1938. The numbers intemperate increased from 884 in 1933 to 1,325 in 1938, an increase of 49%. Total admissions increased 9% between the same years. The males show vastly higher percentages of intemperance throughout the years. During the years preceding the Eighteenth Amendment the percentages of intemperance for the sexes were closer together than after the year 1920. It is to be noted that since 1933 intemperance in the females has been increasing more rapidly than in the males with the result that the relationship between males and females is approaching the relationship observed in the year 1917. Evidently prohibition was of greater assistance to the sex needing it less, the female. Conversely, the return of liquor has resulted in a greater increase of intemperance in females than in males.

TABLE 33. — *First Admissions, 1917-1938, Classified as Intemperate in the Use of Alcohol: Percentage Distribution*¹

YEAR	First Admissions			Number Intemperate			Percent of First Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,853	1,805	3,658	727	217	944	39.2	12.0	25.8
1918	1,860	1,727	3,587	589	144	733	31.6	8.3	20.4
1919	1,929	1,756	3,685	566	124	690	29.3	7.0	18.7
1920	1,708	1,571	3,279	392	69	461	22.9	4.3	14.0
1921	1,848	1,593	3,441	455	78	533	24.6	4.8	15.4
1922	2,049	1,764	3,813	555	100	655	27.0	5.6	17.1
1923	1,804	1,694	3,498	606	91	697	33.5	5.3	19.9
1924	1,959	1,677	3,636	683	95	778	34.8	5.6	21.3
1925	2,081	1,721	3,802	651	118	769	31.2	6.8	20.2
1926	1,941	1,714	3,655	608	154	762	31.3	8.9	20.8
1927	2,082	1,756	3,838	691	84	775	33.1	4.7	20.1
1928	2,212	1,820	4,032	681	118	799	30.7	6.4	19.8
1929	2,209	1,912	4,121	669	92	761	30.2	4.8	18.4
1930	2,295	1,978	4,273	674	111	785	29.3	5.6	18.3
1931	2,472	2,036	4,508	745	124	869	30.1	6.0	19.2
1932	2,510	1,988	4,498	786	126	912	31.3	6.3	20.2
1933	2,568	1,986	4,554	771	113	884	30.0	5.6	19.4
1934	2,589	1,960	4,549	833	148	981	32.1	7.5	21.5
1935	2,680	2,136	4,816	922	191	1,113	34.4	8.9	23.1
1936	2,846	2,189	5,035	1,027	215	1,242	36.0	9.8	24.6
1937	2,770	2,215	4,985	1,028	241	1,269	37.1	10.9	25.4
1938	2,791	2,189	4,980	1,080	245	1,325	38.6	11.1	26.6

¹Includes all State Hospitals, Bridgewater, Tewksbury, and McLean. U. S. Vet. Adm. Facilities No. 95 and No. 107 included in 1929 and thereafter.

INCIDENCE OF CERTAIN MENTAL DISORDERS IN FIRST ADMISSIONS AND READMISSIONS, 1917-1938

Tables 34A to 34J, inclusive, show the percentage of first admissions and readmissions in certain psychoses over the period 1917-1938 inclusive. Only those psychoses most

important numerically are reported. Heretofore these percentages have been calculated on court commitments only. Since last year the data of our Rockefeller Research Project is being used to give us these percentages based upon all first admissions and all readmissions, whatever the legal form of admission may have been.

TABLE 34A. — *Number and Percentage with Senile Psychoses, First and Readmissions, 1917-1938*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	104	154	258	5.6	8.5	7.0	13	16	29	1.9	2.5	2.2
1918 . .	110	188	298	5.9	10.8	8.3	11	15	26	1.5	2.3	1.9
1919 . .	105	186	291	5.4	10.5	7.8	4	14	18	.5	2.2	1.3
1920 . .	116	194	310	6.7	12.3	9.4	8	17	25	1.1	2.7	1.9
1921 . .	133	203	336	7.1	12.7	9.7	15	26	41	2.0	3.9	2.9
1922 . .	133	178	311	6.4	10.0	8.1	6	15	21	.9	2.3	1.6
1923 . .	78	172	250	4.3	10.1	7.1	13	20	33	2.0	3.5	2.7
1924 . .	84	137	221	4.2	8.1	6.0	13	17	30	1.8	2.8	2.2
1925 . .	97	190	287	4.6	11.0	7.5	7	15	22	1.0	2.5	1.7
1926 . .	88	184	272	4.5	10.7	7.4	8	18	26	1.2	3.0	2.0
1927 . .	86	184	270	4.1	10.4	7.0	4	18	22	.5	2.9	1.7
1928 . .	140	205	345	6.3	11.2	8.5	6	20	26	.7	2.8	1.7
1929 . .	87	200	287	3.9	10.4	6.9	6	20	26	.7	3.1	1.8
1930 . .	105	178	283	4.5	8.9	6.6	9	22	31	1.1	3.0	2.0
1931 . .	89	186	275	3.6	9.1	6.1	8	19	27	.9	2.5	1.6
1932 . .	90	133	223	3.5	6.6	4.9	9	18	27	1.0	2.4	1.7
1933 . .	92	166	258	3.5	8.3	5.6	5	15	20	.5	1.9	1.2
1934 . .	93	154	247	3.5	7.8	5.4	18	11	29	1.8	1.4	1.6
1935 . .	112	178	290	4.1	8.3	6.0	11	19	30	1.1	2.3	1.7
1936 . .	95	150	245	3.3	6.8	4.8	6	11	17	.6	1.2	.9
1937 . .	95	207	302	3.4	9.3	6.0	8	16	24	.7	2.0	1.3
1938 . .	133	173	306	4.7	7.9	6.1	9	17	26	.8	1.9	1.3
Total.	2,265	3,900	6,165	4.6	9.4	6.8	197	379	576	1.1	2.5	1.7

TABLE 34B. — *Number and Percentage with Cerebral Arteriosclerosis, First and Readmissions, 1917-1938*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	142	119	261	7.6	6.5	7.1	21	9	30	3.1	1.4	2.3
1918 . .	165	120	285	8.8	6.9	7.9	17	11	28	2.3	1.7	2.0
1919 . .	190	104	294	9.8	5.9	7.9	22	13	35	3.2	2.1	2.7
1920 . .	169	123	292	9.8	7.8	8.9	17	18	35	2.5	2.9	2.7
1921 . .	173	99	272	9.3	6.2	7.9	15	16	31	2.0	2.4	2.2
1922 . .	193	158	351	9.4	8.9	9.2	15	10	25	2.3	1.5	1.9
1923 . .	185	190	375	10.2	11.2	10.7	17	26	43	2.7	4.5	3.6
1924 . .	204	202	406	10.4	12.0	11.1	22	23	45	3.1	3.8	3.4
1925 . .	236	198	434	11.3	11.5	11.4	22	19	41	3.4	3.2	3.3
1926 . .	239	201	440	12.3	11.7	12.0	16	27	43	2.4	4.5	3.4
1927 . .	276	185	461	13.2	10.5	12.0	39	22	61	5.7	3.6	4.7
1928 . .	280	186	466	12.6	10.2	11.5	26	18	44	3.3	2.5	2.9
1929 . .	294	232	526	13.3	12.1	12.7	35	22	57	4.6	3.4	4.1
1930 . .	318	258	576	13.8	13.0	13.4	23	16	39	2.9	2.2	2.5
1931 . .	351	307	658	14.1	15.0	14.5	37	24	61	4.2	3.2	3.7
1932 . .	378	288	666	15.0	14.4	14.8	42	42	84	5.0	5.7	5.3
1933 . .	393	327	720	15.3	16.4	15.8	43	49	92	5.0	6.3	5.6
1934 . .	452	345	797	17.4	17.6	17.5	47	39	86	4.8	5.0	4.9
1935 . .	451	316	767	16.8	14.7	15.9	46	32	78	4.7	4.0	4.4
1936 . .	473	397	870	16.6	18.1	17.2	52	46	98	5.5	5.2	5.4
1937 . .	458	395	853	16.5	17.8	17.1	47	46	93	4.6	5.8	5.1
1938 . .	417	393	810	14.9	17.9	16.2	53	53	106	5.1	6.0	5.5
Total.	6,437	5,143	11,580	13.1	12.4	12.8	674	581	1,255	3.9	3.8	3.8

Senile Psychoses

Table 34A shows that the 9.4% of female first admissions in the classification of senile psychoses is over twice that of the males (4.6%). The males show the high of 7.1% in 1921 and a gradual decrease to the low of 3.3% in 1936. The females show a decrease from the high of 12.7% in 1921 to the low of 6.6% in 1932.

In the readmissions 1.1% of the males were classified as senile psychoses. The females more than double this with 2.5%. The males have shown lower percentages during the past ten years than during the first ten years of the period studied. The females show a high of 3.9% in 1921, and a decrease to a low of 1.2% in 1936.

Psychoses with Cerebral Arteriosclerosis

Table 34B demonstrates that 13.1% of male first admissions and 12.4% of female first admissions were classified as psychoses with cerebral arteriosclerosis. In this psychosis we see definite increases. The male figure rises from a low of 7.6% in 1917 to 17.4% in 1934; the female increases from a low of 5.9% in 1919 to a high of 18.1% in 1936.

In the readmissions also the sexes are balanced, this psychosis constituting 3.9% of male and 3.8% of female admissions. The males show a low of 2% in 1921 with high percentages during the last ten years of the period. The females show an increase from a low of 1.4% in 1917 to a high of 6.3% in 1933.

TABLE 34C. — *Number and Percentage with Syphilitic Meningo-Encephalitis, (General Paresis), First and Readmissions, 1917-1938*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . . .	193	52	245	10.4	2.8	6.6	70	8	78	10.3	1.2	5.9
1918 . . .	201	51	252	10.8	2.9	7.0	105	13	118	14.4	2.0	8.6
1919 . . .	184	45	229	9.5	2.5	6.2	57	12	69	8.3	1.9	5.3
1920 . . .	186	51	237	10.8	3.2	7.2	57	11	68	8.5	1.8	5.3
1921 . . .	177	58	235	9.5	3.6	6.8	47	13	60	6.5	1.9	4.3
1922 . . .	190	58	248	9.2	3.2	6.5	30	12	42	4.6	1.9	3.2
1923 . . .	198	48	246	10.9	2.8	7.0	41	6	47	6.6	1.0	3.9
1924 . . .	201	57	258	10.2	3.3	7.0	36	7	43	5.0	1.1	3.2
1925 . . .	215	36	251	10.3	2.0	6.6	27	9	36	4.1	1.5	2.9
1926 . . .	183	50	233	9.4	2.9	6.3	32	9	41	4.9	1.5	3.3
1927 . . .	176	34	210	8.4	1.9	5.4	21	6	27	3.0	.9	2.0
1928 . . .	181	50	231	8.1	2.7	5.7	28	6	34	3.5	.8	2.2
1929 . . .	186	37	223	8.4	1.9	5.4	34	4	38	4.5	.6	2.7
1930 . . .	208	49	257	9.0	2.4	6.0	42	7	49	5.2	.9	3.2
1931 . . .	166	38	204	6.7	1.8	4.5	31	11	42	3.5	1.4	2.6
1932 . . .	170	54	224	6.7	2.7	4.9	43	6	49	5.1	.8	3.1
1933 . . .	182	38	220	7.0	1.9	4.8	30	12	42	3.5	1.5	2.5
1934 . . .	174	51	225	6.7	2.6	4.9	26	17	43	2.6	2.2	2.4
1935 . . .	190	45	235	7.0	2.1	4.8	31	9	40	3.1	1.1	2.2
1936 . . .	151	57	208	5.3	2.6	4.1	26	13	39	2.7	1.4	2.1
1937 . . .	137	30	167	4.9	1.3	3.3	32	10	42	3.1	1.2	2.3
1938 . . .	149	39	188	5.3	1.7	3.7	23	7	30	2.2	.7	1.5
Total.	3,998	1,028	5,026	8.1	2.4	5.5	869	208	1,077	5.0	1.3	3.3

Psychoses with Syphilitic Meningo-Encephalitis (General Paresis)

Table 34C points out that 8.1% of male and 2.4% of female first admissions were classified as general paresis, the percentage for the males being over three times that for the females. The males show a decrease from a high of 10.9% in 1923 to a low of 4.9% in 1937. The females show a decrease from a high of 3.6% in 1921 to a low of 1.3% in 1937.

In the readmissions the males with general paresis, 5.0%, are nearly four times as numerous as the females, 1.3%. The male percentage decreased from the high of 14.4% in 1918 to the low of 2.2% in 1938. Females present, in general, lower percentages during the last ten years of the period than during the first ten years.

Alcoholic Psychoses

Table 34D demonstrates that the males, with 13.2%, show a percentage five times as high as that of the females, 2.4%, for the alcoholic psychoses. The males show a high of 18.6% in 1917 and a drop to the low of 6.3% in 1920, the first year of the Eighteenth Amendment. Gradual rises follow. After the repeal of prohibition in 1933, we see a consistent increase from 13.4% in 1934 to 14.1% in 1938. The females show a high of 4.9% in 1917 and a drop to the low of 1.0% in 1920. From that point on we see one or two per cent consistently until 1935, when there is a rise to 3%. This same figure is again observed in 1938.

TABLE 34D. — *Number and Percentage with Alcoholic Psychoses, First and Readmissions, 1917-1938*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . . .	346	89	435	18.6	4.9	11.8	113	22	135	16.7	3.4	10.3
1918 . . .	242	45	287	13.0	2.6	8.0	81	21	102	11.1	3.2	7.4
1919 . . .	233	54	287	12.0	3.0	7.7	66	20	86	9.7	3.2	6.6
1920 . . .	109	17	126	6.3	1.0	3.8	40	8	48	5.9	1.3	3.7
1921 . . .	149	27	176	8.0	1.6	5.1	67	17	84	9.2	2.5	6.1
1922 . . .	245	39	284	11.9	2.2	7.4	65	15	80	10.0	2.3	6.2
1923 . . .	279	39	318	15.4	2.3	9.0	78	11	89	12.5	1.9	7.4
1924 . . .	324	36	360	16.5	2.1	9.9	98	16	114	13.8	2.6	8.7
1925 . . .	272	35	307	13.0	2.0	8.0	69	8	77	10.7	1.3	6.2
1926 . . .	249	40	289	12.8	2.3	7.9	69	11	80	10.5	1.8	6.4
1927 . . .	309	32	341	14.8	1.8	8.8	84	12	96	12.3	1.9	7.4
1928 . . .	295	46	341	13.3	2.5	8.4	85	9	94	10.8	1.2	6.3
1929 . . .	320	39	359	14.4	2.0	8.7	93	13	106	12.3	2.0	7.6
1930 . . .	289	42	331	12.5	2.1	7.7	97	10	107	12.2	1.4	7.1
1931 . . .	339	41	380	13.7	2.0	8.4	92	10	102	10.5	1.3	6.3
1932 . . .	309	55	364	12.3	2.7	8.0	89	16	105	10.6	2.1	6.6
1933 . . .	292	40	332	11.3	2.0	7.2	91	12	103	10.6	1.5	6.3
1934 . . .	349	46	395	13.4	2.3	8.6	111	18	129	11.3	2.3	7.3
1935 . . .	362	66	428	13.5	3.0	8.8	151	21	172	15.5	2.6	9.7
1936 . . .	395	56	451	13.8	2.5	8.9	119	21	140	12.7	2.4	7.7
1937 . . .	386	67	453	13.9	3.0	9.0	138	17	155	13.6	2.1	8.6
1938 . . .	394	67	461	14.1	3.0	9.2	142	15	157	13.6	1.7	8.1
Total.	6,487	1,018	7,505	13.2	2.4	8.3	2,038	323	2,361	11.8	2.1	7.2

Among the readmissions the alcoholic psychoses comprise 2.1% of females and 11.8% of males. The males show the high of 16.7% in 1917, the low of 5.9% in 1920 and a rise from that point onward. Again in 1934, the year marking the return of alcoholic beverages, we see an increase and in 1935 we find 15.5%, the second highest percentage of the twenty-two year period. In the females the high of 3.4% occurs in 1917 and the low of 1.2% in 1928. Again the years from 1934 onward show a return to the high percentages.

TABLE 34E. — *Number and Percentage with Dementia Praecox, First and Readmissions, 1917-1938*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . . .	391	431	822	21.1	23.8	22.4	173	238	411	25.6	37.7	31.5
1918 . . .	424	429	853	22.7	24.8	23.7	216	219	435	29.7	34.3	31.9
1919 . . .	447	485	932	23.1	27.6	25.2	214	205	419	31.5	33.4	32.4
1920 . . .	405	387	792	23.7	24.6	24.1	222	224	446	33.2	36.6	34.8
1921 . . .	433	437	870	23.4	27.4	25.2	225	216	441	31.1	32.9	32.0
1922 . . .	411	391	802	20.0	22.1	21.0	171	188	359	26.3	29.8	28.0
1923 . . .	306	372	678	16.9	21.9	19.3	173	158	331	27.8	27.9	27.8
1924 . . .	382	359	741	19.4	21.4	20.3	205	179	384	28.9	29.8	29.3
1925 . . .	362	358	720	17.3	20.8	18.9	194	166	360	30.1	28.4	29.3
1926 . . .	364	368	732	18.7	21.4	20.0	191	150	341	29.3	25.3	27.4
1927 . . .	377	391	768	18.1	22.2	20.0	172	194	366	25.2	32.0	28.4
1928 . . .	317	326	643	14.3	17.9	15.9	213	175	388	27.1	25.0	26.1
1929 . . .	325	372	697	14.7	19.4	16.9	205	161	366	27.1	25.5	26.4
1930 . . .	311	357	668	13.5	18.0	15.6	202	182	384	25.4	25.5	25.5
1931 . . .	322	368	690	13.0	18.0	15.3	196	190	386	22.4	25.8	24.0
1932 . . .	335	346	681	13.3	17.4	15.1	177	167	344	21.2	22.7	21.9
1933 . . .	341	390	731	13.2	19.6	16.0	175	209	384	20.5	27.2	23.7
1934 . . .	335	345	680	12.9	17.6	14.9	191	200	391	19.5	25.9	22.3
1935 . . .	364	406	770	13.5	19.0	15.9	208	196	404	21.4	24.7	22.9
1936 . . .	349	360	709	12.2	16.4	14.0	205	189	394	21.9	21.6	21.8
1937 . . .	364	382	746	13.1	17.2	14.9	259	197	456	25.5	24.9	25.3
1938 . . .	389	363	752	13.9	16.5	15.1	251	213	464	24.2	24.2	24.2
Total.	8,054	8,423	16,477	16.4	20.4	18.2	4,438	4,216	8,654	25.7	27.9	26.7

Dementia Praecox

Table 34E shows that 16.4% of male first admissions were diagnosed as dementia praecox over the period 1917-1938 and that the females were one-quarter higher with 20.4%. The males show the high of 23.7% in 1920 and a decrease to the low of 12.2% in 1936. The females show the high of 27.6% in 1919 and a decrease to 16.4% in 1936.

Dementia praecox comprises much higher percentages of readmissions than first admissions. The males make up 25% and females 27% of all readmissions over the period 1917-1938. Comparison of these percentages with first admissions suggests a greater tendency to readmission in the males. The males show the high of 33.2% in 1920 and a decrease to 19.5% in 1934. The females show the high of 37.7% in 1917 and a decrease to the low of 21.6% in 1936.

Over the past 22 years the percentages of this very serious mental disorder have been decreasing in both first admissions and readmissions. Particularly significant are the larger decreases in first admissions.

Manic-Depressive Psychoses

Male first admissions diagnosed as manic-depressive make up 7% of all first admissions. The females are higher with 12.3% (Table 34F). The male percentages, after rising from a low of 5.2% in 1918 to 9.3% in 1932, have dropped to 4.8% for 1938. In the females the last ten years are showing higher percentages than the first ten years of the period studied.

TABLE 34F. — *Number and Percentage with Manic-Depressive Psychoses, First and Readmissions, 1917-1938*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . .	105	198	303	5.6	10.9	8.2	98	158	256	14.5	25.0	19.6
1918 . .	97	194	291	5.2	11.2	8.1	90	147	237	12.4	23.0	17.3
1919 . .	108	190	298	5.5	10.8	8.0	101	158	259	14.8	25.8	20.0
1920 . .	121	164	285	7.0	10.4	8.6	98	134	232	14.6	21.9	18.1
1921 . .	120	163	283	6.4	10.2	8.2	134	164	298	18.5	25.0	21.6
1922 . .	113	188	301	5.5	10.6	7.8	94	153	247	14.4	24.3	19.3
1923 . .	134	210	344	7.4	12.3	9.8	103	153	256	16.5	27.0	21.5
1924 . .	146	222	368	7.4	13.2	10.1	106	142	248	14.9	23.7	18.9
1925 . .	142	252	394	6.8	14.6	10.3	99	145	244	15.3	24.8	19.8
1926 . .	153	233	386	7.8	13.5	10.5	115	172	287	17.6	29.1	23.1
1927 . .	128	235	363	6.1	13.3	9.4	114	155	269	16.7	25.5	20.9
1928 . .	174	266	440	7.8	14.6	10.9	130	203	333	16.5	29.0	22.4
1929 . .	157	261	418	7.1	13.6	10.1	142	190	332	18.8	30.1	23.9
1930 . .	209	263	472	9.1	13.2	11.0	134	215	349	16.8	30.1	23.1
1931 . .	221	246	467	8.9	12.0	10.3	184	188	372	21.1	25.5	23.1
1932 . .	234	271	505	9.3	13.6	11.2	159	197	356	19.0	26.8	22.7
1933 . .	190	260	450	7.3	13.0	9.8	154	204	358	18.0	26.6	22.1
1934 . .	167	200	367	6.4	10.2	8.0	150	201	351	15.3	26.1	20.0
1935 . .	173	263	436	6.4	12.3	9.0	166	215	381	17.1	27.1	21.6
1936 . .	232	258	490	8.1	11.7	9.7	143	258	401	15.2	29.6	22.1
1937 . .	198	273	471	7.1	12.3	9.4	158	251	409	15.6	31.8	22.7
1938 . .	135	265	400	4.8	12.1	8.0	136	253	389	13.1	28.7	20.3
Total.	3,457	5,075	8,532	7.0	12.3	9.4	2,808	4,056	6,864	16.2	26.8	21.2

In common with dementia praecox, this diagnosis comprises much larger percentages of the readmissions than of the first admissions, 16.2% of male and 26.8% of female readmissions. As in first admissions, the percentage for the females is nearly twice that for the males. The male readmissions also show a rise from a low of 12.4% in 1918 to a high of 21.1% in 1931 and a drop to 13.1% in 1938. The females rose from a low of 21.9% in 1920 to a high of 31.8% in 1937.

Psychoses with Mental Deficiency

Table 34G shows that 2.2% of male and 2.6% of female first admissions were placed in this diagnostic classification. In the males the high of 2.6% occurs in 1926, 1930 and 1938, and the low of 1.7% in 1937. In the females we see a rather even distribution with little indication of a trend.

This psychosis tends to readmission. We note the higher proportions of 4.1% in the males and 4.6% in the females. The distribution is evenly balanced in the males with the last ten years on a slightly lower level than the first ten years. In the females the level is higher in the last ten years of the period studied.

Psychoses Due to Drugs

Table 34H shows that the sexes are fairly evenly balanced in first admissions. This psychosis presents .5% of first admissions in both sexes. In the males the low of .1%

occurs in 1920 and the high of .9% in 1931. In the females the low of .1% occurs in 1919 and the high of 1.3% in 1931. Both sexes are showing higher levels over the last ten years of the period.

This psychosis comprises .5% of both male and female readmissions. A tendency to higher levels during the past ten years is noted in both sexes.

TABLE 34G. — *Number and Percentage with Mental Deficiency, First and Readmissions, 1917-1938*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . . .	47	43	90	2.5	2.3	2.4	29	25	54	4.3	3.9	4.1
1918 . . .	34	37	71	1.8	2.1	1.9	28	24	52	3.8	3.7	3.8
1919 . . .	44	42	86	2.2	2.3	2.3	23	30	53	3.3	4.9	4.1
1920 . . .	44	52	96	2.5	3.3	2.9	33	20	53	4.9	3.2	4.1
1921 . . .	41	43	84	2.2	2.6	2.4	35	32	67	4.8	4.8	4.8
1922 . . .	52	53	105	2.5	3.0	2.7	27	36	63	4.1	5.7	4.9
1923 . . .	39	33	72	2.1	1.9	2.0	25	19	44	4.0	3.3	3.7
1924 . . .	45	51	96	2.2	3.0	2.6	19	27	46	2.6	4.5	3.5
1925 . . .	53	52	105	2.5	3.0	2.7	31	28	59	4.8	4.7	4.8
1926 . . .	52	40	92	2.6	2.3	2.5	27	29	56	4.1	4.9	4.5
1927 . . .	43	31	74	2.0	1.7	1.9	40	29	69	5.8	4.7	5.3
1928 . . .	47	48	95	2.1	2.6	2.3	49	27	76	6.2	3.8	5.1
1929 . . .	41	59	100	1.8	3.0	2.4	34	31	65	4.5	4.9	4.6
1930 . . .	61	69	130	2.6	3.4	3.0	29	43	72	3.6	6.0	4.7
1931 . . .	59	68	127	2.3	3.3	2.8	30	48	78	3.4	6.5	4.8
1932 . . .	58	58	116	2.3	2.9	2.5	38	40	78	4.5	5.4	4.9
1933 . . .	52	54	106	2.0	2.7	2.3	41	33	74	4.8	4.3	4.5
1934 . . .	48	57	105	1.8	2.9	2.3	34	38	72	3.4	4.9	4.1
1935 . . .	49	49	98	1.8	2.2	2.0	35	38	73	3.6	4.7	4.1
1936 . . .	65	48	113	2.2	2.1	2.2	41	38	79	4.3	4.3	4.3
1937 . . .	49	54	103	1.7	2.4	2.0	28	30	58	2.7	3.8	3.2
1938 . . .	74	58	132	2.6	2.6	2.6	41	38	79	3.9	4.3	4.1
Total.	1,097	1,099	2,196	2.2	2.6	2.4	717	703	1,420	4.1	4.6	4.3

TABLE 34H. — *Number and Percentage with Psychoses Due to Drugs, First and Readmissions, 1917-1938*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . . .	4	6	10	.2	.3	.2	2	—	2	.2	—	.1
1918 . . .	4	8	12	.2	.4	.3	3	2	5	.4	.3	.3
1919 . . .	5	2	7	.2	.1	.1	1	2	3	.1	.3	.2
1920 . . .	3	9	12	.1	.5	.3	1	3	4	.1	.4	.3
1921 . . .	7	4	11	.3	.2	.3	3	6	9	.4	.9	.6
1922 . . .	11	12	23	.5	.6	.6	3	4	7	.4	.6	.5
1923 . . .	9	9	18	.4	.5	.5	3	3	6	.4	.5	.5
1924 . . .	10	8	18	.5	.4	.4	4	—	4	.5	—	.3
1925 . . .	8	4	12	.3	.2	.3	2	2	4	.3	.3	.3
1926 . . .	12	8	20	.6	.4	.5	2	4	6	.3	.6	.4
1927 . . .	11	6	17	.5	.3	.4	2	3	5	.2	.4	.3
1928 . . .	9	7	16	.4	.3	.3	4	2	6	.5	.2	.4
1929 . . .	14	10	24	.6	.5	.5	4	3	7	.5	.4	.5
1930 . . .	13	21	34	.5	1.0	.7	9	4	13	1.1	.5	.8
1931 . . .	23	28	51	.9	1.3	1.1	6	6	12	.6	.8	.7
1932 . . .	20	18	38	.7	.9	.8	7	6	13	.8	.8	.8
1933 . . .	17	13	30	.6	.6	.6	6	3	9	.7	.3	.5
1934 . . .	15	13	28	.5	.6	.6	8	4	12	.8	.5	.6
1935 . . .	13	15	28	.4	.7	.5	4	4	8	.4	.5	.4
1936 . . .	12	11	23	.4	.5	.4	5	3	8	.5	.3	.4
1937 . . .	18	14	32	.6	.6	.6	4	6	10	.3	.7	.5
1938 . . .	11	18	29	.3	.8	.5	6	6	12	.5	.6	.6
Total.	249	244	493	.5	.5	.5	89	76	165	.5	.5	.5

Psychoneuroses

Table 34J shows that 2.4% of male and 3.5% of female first admissions were diagnosed as psychoneuroses. Definite increases have taken place over the years in this classification. In the males the low of 1.2% occurs in 1917 and 1919, increasing fourfold to

the high of 4.8% in 1938. In the females there is a parallel increase, a rise from the low of 1.5% in 1920 to the high of 7.6% in 1938.

This diagnosis made up 2.3% of male and 3.4% of female readmissions. The male percentages increase from the low of .2% in 1920 to the high of 4.8% in 1937. The female percentages rise from the low of 1.1% in 1925 to the high of 6.7% in 1938. In both first admissions and readmissions the psychoneuroses have shown a fourfold increase over the 22-year period.

TABLE 34J. — *Number and Percentage with Psychoneuroses, First and Readmissions, 1917-1938*

YEAR	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917 . . .	23	46	69	1.2	2.5	1.8	8	9	17	1.1	1.4	1.3
1918 . . .	33	42	75	1.7	2.4	2.0	5	19	24	.6	2.9	1.7
1919 . . .	25	47	72	1.2	2.6	1.9	14	10	24	2.0	1.6	1.8
1920 . . .	28	24	52	1.6	1.5	1.5	2	18	20	.2	2.9	1.5
1921 . . .	34	37	71	1.8	2.3	2.0	14	16	30	1.9	2.4	2.1
1922 . . .	48	62	110	2.3	3.5	2.8	16	18	34	2.4	2.8	2.6
1923 . . .	34	51	85	1.8	3.0	2.4	9	14	23	1.4	2.4	1.9
1924 . . .	34	50	84	1.7	2.9	2.3	12	14	26	1.6	2.3	1.9
1925 . . .	51	28	79	2.4	1.6	2.0	9	7	16	1.3	1.1	1.3
1926 . . .	32	48	80	1.6	2.8	2.1	11	21	32	1.6	3.5	2.5
1927 . . .	31	48	79	1.4	2.7	2.0	11	18	29	1.6	2.9	2.2
1928 . . .	33	48	81	1.4	2.6	2.0	7	24	31	.8	3.4	2.0
1929 . . .	42	45	87	1.9	2.3	2.1	7	17	24	.9	2.6	1.7
1930 . . .	57	49	106	2.4	2.4	2.4	20	21	41	2.5	2.9	2.7
1931 . . .	56	64	120	2.2	3.1	2.6	25	21	46	2.8	2.8	2.8
1932 . . .	46	75	121	1.8	3.7	2.6	13	38	51	1.5	5.1	3.2
1933 . . .	72	81	153	2.8	4.0	3.3	37	33	70	4.3	4.3	4.3
1934 . . .	80	76	156	3.0	3.8	3.4	27	28	55	2.7	3.6	3.1
1935 . . .	87	113	200	3.2	5.2	4.1	21	33	54	2.1	4.1	3.0
1936 . . .	106	121	227	3.7	5.5	4.5	37	43	80	3.9	4.9	4.4
1937 . . .	131	135	266	4.7	6.0	5.3	49	35	84	4.8	4.4	4.6
1938 . . .	135	168	303	4.8	7.6	6.0	43	59	102	4.1	6.7	5.3
Total.	1,218	1,458	2,676	2.4	3.5	2.9	397	516	913	2.3	3.4	2.8

TABLE 35. — *Economic Status of First and Readmissions, 1938, by Diagnosis: Percentage Distribution*

DIAGNOSES	FIRST ADMISSIONS				READMISSIONS			
	De-pendent	Mar-ginal	Com-fortable	Un-known	De-pendent	Mar-ginal	Com-fortable	Un-known
With syphilitic meningo-encephalitis . . .	3.3	4.0	2.5	3.9	2.9	1.3	—	2.6
With other forms of syphilis . . .	.4	.5	.8	.4	.6	.2	—	—
With epidemic encephalitis . . .	.2	.02	—	.4	.3	.1	—	—
With other infectious diseases . . .	.3	.4	—	1.3	—	—	—	—
Alcoholic psychoses . . .	6.0	10.7	2.0	8.2	7.0	9.0	2.7	5.3
Due to drugs, etc. . .	.4	.6	.8	.9	—	.8	.9	—
Traumatic psychoses . . .	.6	.7	—	.4	—	.3	—	—
With cerebral arteriosclerosis . . .	26.3	12.5	12.3	35.3	8.5	5.0	1.8	10.5
With other disturbances of circulation . . .	.6	.8	.8	2.2	—	.1	—	—
With convulsive disorders (epilepsy) . . .	4.0	1.1	.8	2.2	5.9	3.2	—	—
Senile psychoses . . .	13.2	4.0	5.7	9.5	2.6	1.0	.9	5.3
Involuntary psychoses . . .	1.9	4.0	4.5	1.7	1.2	2.9	—	—
Due to other metabolic diseases, etc. . .	1.0	2.0	2.0	3.0	.6	.6	—	—
Due to new growth . . .	.1	.2	.8	—	—	—	—	—
With organic changes of nervous system . . .	2.0	1.7	1.6	1.7	2.1	.9	.9	—
Psychoneuroses . . .	2.9	6.8	11.9	1.7	5.0	5.5	4.5	2.6
Manic-depressive psychoses . . .	3.6	8.5	21.7	4.7	13.2	21.0	35.4	15.8
Dementia praecox . . .	12.5	16.4	10.2	10.3	26.3	23.7	21.8	31.6
Paranoia and paranoid conditions . . .	1.7	2.4	7.0	1.7	2.1	1.9	5.5	13.2
With psychopathic personality . . .	.7	1.0	—	2.6	2.3	3.2	2.7	—
With mental deficiency . . .	6.1	2.0	.4	1.3	8.8	3.3	.9	2.6
Undiagnosed psychoses . . .	.3	1.9	.4	.4	—	1.0	—	—
Without psychoses . . .	11.1	14.8	13.5	6.0	10.0	13.9	21.8	10.5
Primary behavior disorders . . .	.6	2.9	—	—	.6	1.1	—	—
Total With Mental Disorder . . .	88.3	82.3	86.5	94.0	89.4	85.0	78.2	89.5
Total Without Mental Disorder . . .	11.7	17.7	13.5	6.0	10.6	15.0	21.8	10.5
Grand Total . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Tables 201 and 202 for detail)

ECONOMIC STATUS OF FIRST AND READMISSIONS, 1938, BY DIAGNOSIS

Table 35 presents the percentage distribution of the psychoses in the groups dependent, marginal and comfortable for both first admissions and readmissions. In the first admissions nearly 40% of the dependent group are included in the old-age diagnoses, 26.3% in psychoses with cerebral arteriosclerosis and 13.2% in senile psychoses. Dementia praecox includes 12.5% of the dependent and "without psychoses" 11.1%. Of the cases of marginal economic status, 16.4% are diagnosed dementia praecox, 14.8% "without psychoses", 12.5% with cerebral arteriosclerosis and 10.7% alcoholic psychoses. In the comfortable group, 21.7% are diagnosed manic-depressive, 13.5% "without psychoses", 12.3% with cerebral arteriosclerosis and 11.9% psychoneuroses.

In the readmissions, dementia praecox dominates the dependent and marginal groups with 26.3% and 23.7% respectively. Manic-depressive shows 13.2% and 21.0% and "without psychoses" shows 10.0% and 13.9%. Of the comfortable group, 35.4% are found in the manic-depressive psychoses and 21.8% in both dementia praecox and "without psychoses".

TABLE 36. — *Diagnosis of Cases Admitted by Transfer to Hospitals for Mental Disorders and Cases Discharged Directly from Psychopathic to Other Institutions, 1938: Percentage Distribution*

DIAGNOSES	TRANSFERS						FROM PSYCHOPATHIC TO OTHER HOSPITALS ¹					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	33	7	40	6.8	2.8	5.5	27	6	33	5.7	1.3	3.6
With other forms of syphilis	1	1	2	.2	.4	.3	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	1	1	—	.2	.1
Alcoholic psychoses	65	5	70	13.4	2.0	9.5	59	18	77	12.6	4.0	8.3
Due to drugs, etc.	—	1	1	—	.4	.1	—	1	1	—	.2	.1
Traumatic psychoses	4	—	4	.8	—	.6	1	—	1	.2	—	.1
With cerebral arteriosclerosis	19	5	24	3.9	2.0	3.3	10	11	21	2.1	2.4	2.3
With other disturbances of circulation	—	—	—	—	—	—	1	1	2	.2	.2	.2
With convulsive disorders (epilepsy)	15	4	19	3.1	1.6	2.6	12	6	18	2.6	1.3	1.9
Senile psychoses	3	5	8	.6	2.0	1.1	2	2	4	.4	.4	.4
Involuntional psychoses	9	14	23	1.9	5.7	3.1	5	16	21	1.1	3.5	2.3
Due to other metabolic diseases, etc.	—	3	3	—	1.2	.4	3	15	18	.6	3.3	1.9
With organic changes of nervous system	9	—	9	1.9	—	1.2	15	8	23	3.2	1.8	2.5
Psychoneuroses	11	4	15	2.3	1.6	2.0	13	7	20	2.8	1.5	2.2
Manic-depressive psychoses	42	38	80	8.7	15.3	10.9	59	140	199	12.6	30.8	21.5
Dementia praecox	219	106	325	45.1	42.7	44.3	122	108	230	26.0	23.8	24.9
Paranoia and paranoid conditions	16	22	38	3.3	8.9	5.2	26	34	60	5.5	7.5	6.5
With psychopathic personality	6	7	13	1.2	2.8	1.8	3	7	10	.6	1.5	1.1
With mental deficiency	27	24	51	5.6	9.7	7.0	22	9	31	4.7	2.0	3.4
Undiagnosed psychoses	—	—	—	—	—	—	82	59	141	17.4	13.0	15.3
Without psychoses	6	2	8	1.2	.8	1.1	6	3	9	1.3	.7	1.0
Primary behavior disorders	—	—	—	—	—	—	2	2	4	.4	.4	.4
Total With Mental Disorder	479	246	725	98.8	99.2	98.9	462	449	911	98.3	98.9	98.6
Total Without Mental Disorder	6	2	8	1.2	.8	1.1	8	5	13	1.7	1.1	1.4
Grand Total	485	248	733	100.0	100.0	100.0	470	454	924	100.0	100.0	100.0

(See Table 206 for detail)

¹ These cases are discharged from the Psychopathic and committed to other institutions the same day

DIAGNOSIS OF READMISSIONS ADMITTED BY TRANSFER

Table 36 shows the psychoses of cases transferred from one mental hospital to another and those discharged from the Boston Psychopathic Hospital and admitted the same day to another hospital. As these cases have remained in the resident population of some one of our hospitals and thus within the State statistical system, they are not included in the admission statistics. They do appear, of course, in the tables on resident population. Dementia Praecox made up 44% of the transfers and 24% of the Psychopathic cases discharged. Manic-depressive psychoses comprised 10% of the transfers and 21% of the other group. Fifteen per cent of the Psychopathic cases were undiag-

nosed. Alcoholic psychoses made up 9% of the transfers and 8% of the others. Dementia praecox, which made up 15% of first admissions and 24% of readmissions in 1938, constitutes 44% of transfers and 24% of cases leaving Psychopathic and going directly to another hospital. The tendency of this psychosis to chronicity and the resultant retention within hospitals are obvious.

Section C. First and Readmissions Discharged from Mental Hospitals During 1938

The following section presents data in reference to patients discharged from mental hospitals to the community during the year ended September 30, 1938. As in the case of admissions, we have discarded the old criterion of court admission and have based the outlined data on all patients leaving mental hospitals, including those admitted under court, temporary care, observation and voluntary status. The deaths are considered separately in a later section.

DISCHARGES TO THE COMMUNITY, 1937 AND 1938, BY FORM OF ADMISSION

Table 37 shows that 3,123 first admissions and 1,487 readmissions, a total of 4,610 cases, were discharged to the community in 1938. This is an increase of 6% over the 4,329 of 1937. In the first admissions, 1,822 males and 1,301 females, and in the readmissions 816 males and 671 females left hospitals to return to the community.

In the first admissions, the number of court commitments increases from 1,339 in 1937 to 1,405 in 1938, of observation cases from 507 to 595. The numbers of admissions under temporary care papers and of voluntary admissions decrease from 1,052 to 1,008 and from 155 to 115 respectively. In the readmissions increases are observed in all admission forms. The number of court cases rises from 764 to 905, of temporary care from 278 to 303, of observation from 154 to 183 and of voluntary from 80 to 96.

TABLE 37. — *First and Readmissions Discharged from All Hospitals for Mental Disorders, 1937 and 1938 by Form of Admission and Sex*

YEAR	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1937	T.	4,329	3,053	1,339	1,052	507	155	1,276	764	278	154	80
	M.	2,516	1,809	711	642	359	97	707	375	183	104	45
	F.	1,813	1,244	628	410	148	58	569	389	95	50	35
1938	T.	4,610	3,123	1,405	1,008	595	115	1,487	905	303	183	96
	M.	2,638	1,822	732	572	441	77	816	450	183	124	59
	F.	1,972	1,301	673	436	154	38	671	455	120	59	37

DIAGNOSIS IN DISCHARGES TO THE COMMUNITY, 1938

Table 38 reports that 13.9% of the 3,123 first admissions returned to the community were diagnosed as dementia praecox. This may be compared with 15.1% of this diagnosis in first admissions entering mental hospitals during the year. The alcoholic psychoses made up 12.1% of discharges and only 9.3% of first admissions. Manic-depressive psychoses made up 12% of discharged first admissions and 8% of first admissions entering. The percentage of discharges diagnosed "without mental disorder" is high, 24.8%, as compared with 15.8% of admissions in this clinical grouping during the same year.

In first admissions by court commitment discharged, dementia praecox comprises 25%, manic-depressive psychoses 19% and the alcoholic psychoses and cerebral arteriosclerosis 10%. The group "without mental disorder" is small, 2%. In temporary care first admissions discharged, the total "without mental disorder" comprises 31%, the alcoholic psychoses 17% and psychoneuroses 13%. In the observation cases discharged, "without mental disorder" comprises 66%, the alcoholic psychoses 9% and psychoneuroses 7%. In the voluntary cases discharged, "without mental disorder" makes up 28%, psychoneuroses 20% and the convulsive disorders 13%.

Temporary care, observation and voluntary forms of admission are high in cases diagnosed "without mental disorder". Where no complicated legal obstructions are placed in the way of patients coming into mental hospitals we see cases being admitted before the psychosis has developed fully. They respond to treatment and are discharged

TABLE 38. — *First and Readmissions Discharged, 1938, by Form of Admission and Diagnosis: Number and Percent*

DIAGNOSIS	FIRST ADMISSIONS						READMISSIONS						DISCHARGED BY TRANSFER											
	Total		Court		Temporary Care		Observation		Voluntary		Total		Court		Temporary Care		Observation		Voluntary		No.		%	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningitis	75	2.4	53	3.8	13	1.3	1	.2	8	7.0	26	1.7	22	2.4	2	.7	1	.5	1	1.0	34	5.0		
With other forms of syphilis	12	.4	8	.6	2	.2	—	—	2	1.7	2	.1	2	.2	—	—	—	—	—	—	3	.4		
With epidemic encephalitis	2	.1	2	.1	—	—	—	—	—	—	4	.3	4	.4	—	—	—	—	—	—	1	.1		
With other infectious diseases	10	.3	7	.5	2	.2	1	.2	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Alcoholic psychoses	378	12.1	141	10.0	173	17.1	57	9.6	7	6.1	151	10.2	70	7.7	64	21.1	13	7.1	4	4.2	67	9.9		
Due to drugs, etc.	27	.9	7	.5	11	1.1	8	1.3	1	.9	13	.9	4	.4	6	2.0	3	1.6	—	—	—	—		
Traumatic psychoses	16	.5	9	.6	4	.4	3	.5	—	—	5	.3	4	.4	—	—	1	.5	—	—	3	.4		
With cerebral arteriosclerosis	219	7.0	146	10.4	53	5.3	18	3.0	2	1.7	39	2.6	32	3.5	5	1.6	2	1.1	—	—	19	2.8		
With other disturbances of circulation	23	.7	15	1.1	6	.6	2	.3	—	—	3	.2	3	.3	—	—	—	—	—	—	—	—		
With convulsive disorders (epilepsy)	46	1.5	16	1.1	13	1.3	2	.3	15	13.0	43	2.9	11	1.2	18	5.9	2	1.1	12	12.5	17	2.5		
Senile psychoses	46	1.5	33	2.3	10	1.0	2	.3	1	.9	9	.6	7	.8	2	.7	—	—	—	—	6	.9		
Involutional psychoses	93	3.0	73	5.2	14	1.4	5	.8	1	.9	23	1.5	20	2.2	2	.7	—	—	1	1.0	15	2.2		
Due to other metabolic diseases, etc.	51	1.6	28	2.0	16	1.6	5	.8	2	1.7	7	.5	3	.3	2	.7	2	1.1	—	—	3	.4		
Due to new growth	3	.1	2	.1	1	.1	—	—	—	—	1	.1	1	.1	—	—	—	—	—	—	—	—		
With organic changes of nervous system	37	1.2	23	1.6	12	1.2	1	.2	1	.9	12	.8	4	.4	6	2.0	2	1.1	—	—	—	—		
Psychoneuroses	258	8.2	54	3.8	135	13.3	45	7.6	24	20.8	102	6.9	45	5.0	32	10.5	12	6.6	13	13.5	16	2.4		
Manic-depressive psychoses	376	12.0	276	19.6	67	6.6	20	3.4	13	11.3	355	23.9	295	32.6	30	9.9	9	4.9	21	21.9	73	10.8		
Dementia praecox	437	13.9	363	25.8	58	5.8	15	2.5	1	.9	295	19.8	253	28.0	27	8.9	10	5.5	5	5.2	291	42.9		
Paranoia and paranoid conditions	78	2.5	42	3.0	30	3.0	3	.5	3	2.6	26	1.7	20	2.2	4	1.3	2	1.1	—	—	42	6.2		
With psychopathic personality	43	1.4	30	2.1	4	.4	9	1.5	—	—	47	3.2	38	4.2	4	1.3	4	2.2	1	1.0	—	—		
With mental deficiency	58	1.9	44	3.1	11	1.1	3	.5	—	—	49	3.3	44	4.9	4	1.3	1	.5	—	—	56	8.3		
Undiagnosed psychoses	61	2.0	4	.3	54	5.4	2	.3	1	.9	12	.8	—	—	—	—	—	—	—	—	1	.1		
Without psychoses	666	21.3	29	2.1	261	25.8	344	57.8	32	27.8	245	16.5	23	2.5	76	25.1	108	59.0	38	39.6	5	.7		
Primary behavior disorders	108	3.5	—	—	58	5.8	49	8.2	—	.9	18	1.2	—	—	7	2.3	11	6.0	—	—	—	—		
Total With Mental Disorder	2,349	75.2	1,376	97.9	689	68.3	202	33.9	82	71.3	1,224	82.3	882	97.5	220	72.6	64	35.0	58	60.4	673	99.3		
Total Without Mental Disorder	774	24.8	29	2.1	319	31.6	393	66.0	33	28.7	263	17.7	23	2.5	83	27.4	119	65.0	38	39.6	5	.7		
Grand Total	3,123	100.0	1,405	100.0	1,008	100.0	595	100.0	115	100.0	1,487	100.0	905	100.0	303	100.0	183	100.0	96	100.0	678	100.0		

(See Table 207 for detail)

quickly. It is to be hoped, of course, that this early treatment will have an effect in checking any future development of the incipient mental disorder. We do know that a goodly proportion of these cases and, in fact, many "with mental disorder", never return to mental hospitals.

Among the 1,487 readmissions returned to the community, the manic-depressive psychoses comprise 23%, dementia praecox 19% and the alcoholic psychoses 10%. The total "without mental disorder" makes up 17% of the readmissions discharged. In the court readmissions also, dementia praecox, manic-depressive and the alcoholic psychoses comprise the largest proportion of the cases with 28%, 32% and 7% respectively. In temporary care admissions, the three leading groups are "without mental disorder" 27%, alcoholic psychoses 21% and the psychoneuroses 10%. In the observation admissions, "without mental disorder" comprises 65%, alcoholic psychoses 7%, and psychoneuroses 6%. Among the voluntary cases discharged, "without mental disorder" makes up 39%, manic-depressive psychoses 21% and psychoneuroses 13%.

Among the cases discharged to other institutions by transfer, the leading psychoses are dementia praecox 42%, manic-depressive psychoses 10%, alcoholic psychoses 9% and mental deficiency 8%.

TABLE 39. — *First and Readmissions Discharged, 1938, by Diagnosis: Discharge Rates per 1,000 Under Care*

FIRST ADMISSIONS	Dis-charge Rate per 1,000	READMISSIONS	Dis-charge Rate per 1,000
Due to drugs, etc.	574.	Due to drugs, etc.	541.
Psychoneuroses	572.	Psychoneuroses	437.
With other infectious diseases	294.	With psychopathic personality	224.
With other disturbances of circulation	287.	Alcoholic psychoses	215.
Due to other metabolic diseases, etc.	267.	With other disturbances of circulation	200.
Alcoholic psychoses	259.	Manic-depressive psychoses	191.
With psychopathic personality	251.	Due to other metabolic diseases, etc.	189.
Manic-depressive psychoses	248.	Due to new growth	166.
Due to new growth	230.	Traumatic psychoses	147.
Traumatic psychoses	179.	With organic changes of nervous system	117.
With organic changes of nervous system	142.	With cerebral arteriosclerosis	105.
Involuntary psychoses	142.	With syphilitic meningo-encephalitis	97.
Paranoia and paranoid conditions	136.	Involuntary psychoses	91.
With cerebral arteriosclerosis	111.	With convulsive disorders (epilepsy)	83.
With other forms of syphilis	104.	Paranoia and paranoid conditions	79.
With syphilitic meningo-encephalitis	99.	Senile psychoses	73.
With convulsive disorders (epilepsy)	67.	With epidemic encephalitis	71.
Dementia praecox	56.	With other forms of syphilis	51.
Senile psychoses	52.	With mental deficiency	51.
With mental deficiency	47.	Dementia praecox	46.
With epidemic encephalitis	35.	With other infectious diseases	—
Undiagnosed psychoses	813.	Undiagnosed psychoses	800.
Without psychoses	843.	Without psychoses	756.
Primary behavior disorders	931.	Primary behavior disorders	900.
Total With Mental Disorder	123.	Total With Mental Disorder	97.
Total Without Mental Disorder	854.	Total Without Mental Disorder	764.
Grand Total	156.	Grand Total	115.

DISCHARGES TO THE COMMUNITY, 1938, BY MENTAL DISORDERS AND AGE:
DISCHARGE RATES PER 1,000 UNDER CARE

Table 39 outlines the total discharge rates per 1,000 cases under care¹ in various psychoses for both first and readmissions. First admissions show a total discharge rate of 156 per 1,000 under care, with 115 for the readmissions. The group "with mental disorder" shows a discharge rate of 123 in first admissions and 97 in readmissions. Cases "without mental disorder" present a discharge rate of 854 in first admissions and 764 in readmissions.

In the first admissions high discharge rates are shown by undiagnosed psychoses with 813 persons discharged per 1,000 under care of the same diagnosis, due to drugs 574, psychoneuroses 572 and other infectious diseases 294. Dementia praecox with 56, senile psychoses with 52, psychoses with mental deficiency with 47 and epidemic encephalitis with 35 show the low discharge rates.

¹Under care includes all patients within hospitals, patients out on visit, etc., deaths, and discharges. Present age of cases on books and age at discharge or death of discharges or deaths are used within the various age groupings.

With other forms of syphilis:	89	135	104	—	—	—	200	142	—	500	333
	37	83	51	—	—	—	—	—	—	—	—
First admissions	96	109	99	333	—	142	176	136	161	80	145
Readmissions	93	112	97	—	—	—	200	222	136	—	96
With syphilitic meningo-encephalitis:											
First admissions	90	45	67	166	71	125	148	136	89	50	70
Readmissions	106	53	83	166	142	153	196	170	178	37	109
With convulsive disorders (epilepsy):											
First admissions	54	58	56	269	213	245	136	196	79	107	92
Readmissions	49	42	46	290	239	269	140	143	61	66	63
Dementia praecox:											
First admissions	42	57	52	—	—	—	—	—	—	—	—
Readmissions	88	64	73	—	—	—	—	—	—	—	—
Senile psychoses:											
First admissions	57	36	47	318	148	224	140	50	81	50	66
Readmissions	55	48	51	444	—	181	108	119	38	84	60
With mental deficiency:											
First admissions	31	38	35	—	—	—	—	166	125	—	76
Readmissions	81	52	71	500	—	200	153	—	—	142	52
With epidemic encephalitis:											
First admissions	829	794	813	1,000	666	875	1,000	833	1,000	1,000	1,000
Readmissions	777	833	800	—	—	—	1,000	1,000	1,000	500	750
Undiagnosed psychoses:											
First admissions	856	808	843	915	909	913	902	794	877	901	884
Readmissions	770	721	756	857	833	850	866	869	811	807	810
Without psychoses:											
First admissions	924	940	931	933	914	925	750	1,000	1,000	1,000	1,000
Readmissions	909	888	900	1,000	1,000	1,000	750	750	—	—	—
Primary behavior disorders:											
First admissions	131	114	123	311	292	301	234	257	198	181	190
Readmissions	101	93	97	297	207	251	190	204	131	138	134
Total With Mental Disorder:											
First admissions	863	832	854	922	911	918	898	833	884	907	890
Readmissions	777	735	764	900	888	896	857	851	811	807	810
Total Without Mental Disorder:											
First admissions	176	134	156	546	452	502	313	288	254	211	235
Readmissions	126	104	115	425	279	355	238	239	161	154	158

TABLE 40. — *Discharge Rates per 1,000 Under Care,¹ First and Readmissions Discharged, 1938, by Present Age and Diagnosis — Concluded*

DIAGNOSES	40-49 YEARS				50-59 YEARS				60-69 YEARS				70 YEARS AND OVER			
	M.		F.		T.	M.		F.		T.	M.		F.		T.	T.
Due to drugs, etc.:																
First admissions	777	333	555	416		333	500	500	333	200	1,000	—	1,000	—	1,000	1,000
Readmissions	—	666	333	333		—	500	500	333	333	—	1,000	—	—	—	—
Psychoneuroses:																
First admissions	551	431	485	470		638	347	470	405	405	285	478	—	—	—	—
Readmissions	379	387	383	382		375	391	382	227	227	285	200	—	—	—	—
With other infectious diseases:																
First admissions	500	250	375	—		—	—	—	—	400	500	333	—	—	500	500
Readmissions	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation:																
First admissions	400	285	315	294		200	428	294	190	190	90	300	500	500	312	312
Readmissions	—	—	—	—		—	—	—	400	400	1,000	250	500	500	333	333
Due to other metabolic diseases, etc.:																
First admissions	333	187	258	200		105	269	200	187	125	187	83	—	—	—	—
Readmissions	333	333	333	166		—	166	166	—	—	—	—	—	—	—	—
Alcoholic psychoses:																
First admissions	394	285	382	167		171	136	167	73	78	73	101	40	39	39	39
Readmissions	369	238	352	173		172	181	173	53	61	53	93	56	49	49	49
With psychopathic personality:																
First admissions	62	214	133	90		—	200	90	142	111	142	90	—	—	—	—
Readmissions	333	238	285	125		—	272	125	90	71	—	—	—	—	—	—
Manic-depressive psychoses:																
First admissions	347	224	236	190		240	153	190	217	152	217	112	88	89	88	88
Readmissions	234	222	226	156		107	184	156	118	100	118	88	76	76	76	76
Due to new growth:																
First admissions	—	—	—	200		—	250	200	500	250	500	—	—	—	—	—
Readmissions	—	—	—	333		500	—	333	—	—	—	—	—	—	—	—
Traumatic psychoses:																
First admissions	166	250	187	227		235	200	227	200	176	200	—	—	—	—	—
Readmissions	222	—	222	111		111	—	111	—	—	—	—	—	—	—	—
With organic changes of nervous system:																
First admissions	133	300	200	118		75	217	118	—	66	—	111	—	—	117	117
Readmissions	133	153	142	47		—	111	47	125	76	125	—	—	—	—	—
Involutional psychoses:																
First admissions	166	209	202	145		158	140	145	123	103	123	87	45	57	57	57
Readmissions	—	250	212	84		107	75	84	—	51	—	75	—	—	—	—
Paranoia and paranoid conditions:																
First admissions	169	192	183	105		125	93	105	105	88	105	82	—	19	13	13
Readmissions	155	116	131	100		166	66	100	40	34	40	31	—	—	—	—
With cerebral arteriosclerosis:																
First admissions	—	285	166	162		172	152	162	135	118	135	118	81	81	90	90
Readmissions	—	200	142	190		222	166	190	76	122	76	164	38	38	63	63

In readmissions, undiagnosed psychoses show the high discharge rate of 800 per 1,000 under care. Psychoses due to drugs present a discharge rate of 541, psychoneuroses 437, psychopathic personality 224 and alcoholic psychoses 215. The low discharge rates are shown by senile psychoses with 73, epidemic encephalitis 71, other forms of syphilis 51 and dementia praecox 46.

Table 40 presents the influence of age upon discharge rates. In Table 39 the total rates presented might have been influenced by the preponderance of younger or older patients in a particular psychosis. Table 40 solves this problem by permitting comparison of the discharge rates of two psychoses within a single age group. It also shows whether discharge rates in a specific psychosis are high in the younger or older ages.

A review of first admissions shows the total "with mental disorder" with the high discharge rate of 301 cases per 1,000 or one out of every three under care in the age group 0-19 years. The rates drop with age, the 20-29 year age group presenting a rate of 245, 30-39 years a rate of 190, 40-49 years 126, 50-59 years 90, 60-69 years 69 and 70 years and over 57. The cases "without mental disorder" show high discharge rates throughout all age groups, the high of 918 occurring in the age group 0-19 years and the low of 760 occurring in the age group 70 years and over. The younger age groups in all psychoses are showing the higher discharge rates. The younger the patient, the greater chance he has of being returned to the community.

In discussing the age differences in discharge rates of the various psychoses, we exclude under 20 years because of the small numbers involved. In the 20-29 year group, due to drugs, psychoneuroses and the alcoholic psychoses show the high discharge rates of 1,000, 740 and 701 respectively. In the 30-39 year group, psychoses with cerebral arteriosclerosis, due to new growth and due to drugs and the psychoneuroses show the high discharge rates of 1,000, 1,000, 888 and 621 respectively. In the 40-49 year group, due to drugs, psychoneuroses and alcoholic psychoses show the high discharge rates of 555, 485 and 382 respectively. In the 50-59 year age group psychoneuroses, due to drugs and other disturbances of circulation show the high discharge rates of 470, 416 and 294 respectively. In the 60-69 year group, psychoneuroses, other infectious diseases and due to new growth show the high discharge rates of 405, 400 and 250 respectively. In the group 70 years and over, the high discharge rates are shown by psychoses due to drugs with 1,000 and other infectious diseases with 500. Certain psychoses tend to have high discharge rates in all age groups. At the other extreme, we note that dementia praecox, psychoses with mental deficiency and psychoses with convulsive disorders tend to have the low discharge rates, whatever the age group.

Important sex differences are observed. In the total first admissions "with mental disorder" for all ages combined, we observe that the male discharge rate of 131 is higher than the female discharge rate of 114. The males show higher discharge rates in six of the seven age groups outlined. In the group 20-29 years the female discharge rate is higher.

The discharge rates for readmissions are not discussed owing to space limitations. However, Table 40 reveals that they show the same general characteristics as those for the first admissions.

ECONOMIC STATUS OF DISCHARGES TO THE COMMUNITY, 1938:

DISCHARGE RATES PER 1,000 UNDER CARE

Table 41 shows the influence of economic condition of patients upon the discharge rates during 1938.

In first admissions the dependent show a discharge rate of 100 per 1,000 dependent patients under care. The marginal show a higher discharge rate of 167 and the comfortable the high rate of 218. The discharge rate of the marginal group is 67% higher than that of the dependent while the discharge rate of the comfortable is 118% higher. The discharge rates of the sexes stay close together in the dependent group where the male rate is 10% higher. In the marginal classification the discharge rate for males is 36% higher and in the comfortable group 68% higher. Apparently economic status has a greater influence upon the discharge rates of men than of women.

In readmissions the dependent show a discharge rate of 86, the marginal a discharge rate of 117 and the comfortable 172. Here the rate for the marginal is 36% higher than that for the dependent, while the rate for the comfortable is 100% higher. Thus comfortable economic status would appear to influence the discharge rate of first admissions to a greater extent than that of readmissions. Sex differences are observed in readmis-

sions also, the male rate being 31% higher than the female rate in the dependent group, 18% higher in the marginal group and 78% higher in the comfortable group. Comfortable economic status appears to have a greater influence upon the discharge rate of the males than of the females.

TABLE 41. — *Economic Status of First and Readmissions Discharged, 1938, by Sex: Discharge Rates per 1,000 Under Care*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Care	3,489	2,714	6,203	2,246	1,795	4,041	1,243	919	2,162
Discharges	355	239	594	236	172	408	119	67	186
Rate per 1,000	101.7	88.0	95.7	105.0	95.8	100.9	95.7	72.9	86.0
Marginal:									
Under Care	12,249	12,053	24,302	7,365	7,032	14,397	4,884	5,021	9,905
Discharges	2,043	1,536	3,579	1,420	994	2,414	623	542	1,165
Rate per 1,000	166.7	127.4	147.2	192.8	141.3	167.6	127.5	107.9	117.6
Comfortable:									
Under Care	646	954	1,600	406	549	955	240	405	645
Discharges	173	147	320	116	93	209	57	54	111
Rate per 1,000	267.8	154.0	200.0	285.7	169.3	218.8	237.5	133.3	172.0
Unknown:									
Under Care	388	339	727	296	262	558	92	77	169
Discharges	67	50	117	50	42	92	17	8	25
Rate per 1,000	172.6	147.4	160.9	168.9	160.3	164.8	184.7	103.8	147.9
Total:									
Under Care	16,722	16,060	32,832	10,313	9,638	19,951	6,459	6,422	12,881
Discharges	2,638	1,972	4,610	1,822	1,301	3,123	816	671	1,487
Rate per 1,000	157.2	122.7	140.4	176.6	134.9	156.5	126.3	104.4	115.4

TABLE 42. — *Marital Condition of First and Readmissions Discharged, 1938, by Sex: Discharge Rates per 1,000 Under Care*

MARITAL CONDITION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under Care	9,870	7,129	16,999	5,716	4,114	9,830	4,154	3,015	7,169
Discharges	1,214	693	1,907	807	456	1,263	407	237	644
Rate per 1,000	122.9	97.2	112.1	141.1	110.8	128.4	97.9	78.6	89.8
Married:									
Under Care	5,063	6,094	11,157	3,289	3,615	6,904	1,774	2,479	4,253
Discharges	1,111	910	2,021	792	603	1,395	319	307	626
Rate per 1,000	219.4	149.3	181.1	240.8	166.8	202.0	179.8	123.8	147.1
Widowed:									
Under Care	1,065	2,045	3,110	822	1,485	2,307	243	560	803
Discharges	149	231	380	118	162	280	31	69	100
Rate per 1,000	139.9	112.9	122.1	143.5	109.0	121.3	127.5	123.2	124.5
Divorced:									
Under Care	452	457	909	278	246	524	174	211	385
Discharges	98	85	183	68	46	114	30	39	69
Rate per 1,000	216.8	185.9	201.3	244.6	186.9	217.5	172.4	184.8	179.2
Separated:									
Under Care	275	315	590	169	162	331	106	153	259
Discharges	64	51	115	36	32	68	28	19	47
Rate per 1,000	232.7	161.9	194.9	213.0	197.5	205.4	264.1	124.1	181.4
Unknown:									
Under Care	47	20	67	39	16	55	8	4	12
Discharges	2	2	4	1	2	3	1	—	1
Rate per 1,000	42.5	100.0	59.7	25.6	125.0	54.5	125.0	—	83.3
Total:									
Under Care	16,772	16,060	32,832	10,313	9,638	19,951	6,459	6,422	12,881
Discharges	2,638	1,972	4,610	1,822	1,301	3,123	816	671	1,487
Rate per 1,000	157.2	122.7	140.4	176.6	134.9	156.5	126.3	104.4	115.4

MARITAL CONDITION OF DISCHARGES TO THE COMMUNITY, 1938:

DISCHARGE RATES PER 1,000 UNDER CARE

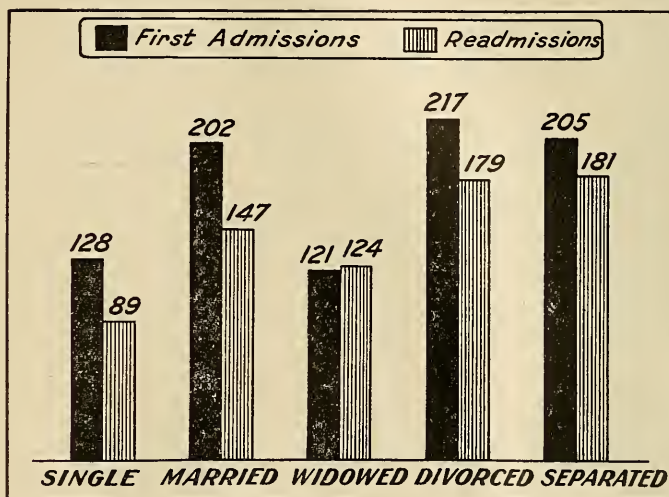
Table 42 and Graph 3 outline the discharge rates for the various marital status groups in both first admissions and readmissions. In first admissions the high discharge rate of 217 per 1,000 under care occurs in the divorced. Next in order are the separated with a rate of 205, the married 202, the single 128 and the widowed 121. The males in all marital groups show decidedly higher discharge rates than the females. The married and divorced females, particularly, are making a poorer showing in leaving hospital than the males of the same groups.

In readmissions the high discharge rate of 181 occurs in the separated. This is followed by a rate of 179 in the divorced, 147 in the married, 124 in the widowed and 89 in the single.

COUNTRY OF BIRTH OF DISCHARGES TO THE COMMUNITY, 1938:

DISCHARGE RATES PER 1,000 UNDER CARE

Table 43 presents the discharge rates per 1,000 under care by country of birth of patients. In first admissions discharged the United States shows the high rate of 178 and is followed by Greece with 162, Italy with 139, Canada with 129 and Scotland with 126. The lowest discharge rates occur in Russia with 96, Poland with 88 and Austria with 62.



GRAPH 3. — MARITAL STATUS OF ALL FIRST AND READMISSIONS DISCHARGED, 1938; DISCHARGE RATES PER THOUSAND UNDER CARE

In readmissions the high discharge rates are shown by United States with 127 per 1,000 under care, Poland with 119, Italy 110, Canada 104 and Scotland 102. The low discharge rates occur in Sweden with 38, Portugal 34 and Finland 29. The number of discharges coming from any one country is rather small and for that reason no particular significance can be attached to the findings for any one year.

DISCHARGES TO THE COMMUNITY, 1938, BY NUMBER OF THIS ADMISSION:

DISCHARGE RATES PER 1,000 UNDER CARE

Table 44 shows the discharge rates in accordance with the number of this admission. For example, during 1938 the State hospitals had 4,958 patients under care who were having their third admission to a mental hospital. Of this number 430 were discharged, giving a discharge rate of 86 per 1,000 under care for this group. While the high discharge rate occurs in those having twelve or more admissions, 210, the numbers are very small. Cases having nine admissions show the next highest rate of 208. Cases having their tenth admission show a rate of 190, seventh admission 165, second admission 162 and first admission 156. The lowest discharge rate is shown by patients having their fourth admission.

In the totals the males show a higher discharge rate, 157, than the females, 122. This higher discharge rate for males persists throughout. Apparently patients having their third or fourth admission are those tending to remain longest in mental hospitals.

TABLE 43. — *Country of Birth of First and Readmissions Discharged, 1938:*
Discharge Rates per 1,000 Under Care

COUNTRY OF BIRTH	FIRST ADMISSIONS			COUNTRY OF BIRTH	READMISSIONS		
	Total Under Care	Total Discharges	Rate per 1,000		Total Under Care	Total Discharges	Rate per 1,000
United States	12,787	2,281	178.3	United States	8,860	1,130	127.5
Greece	111	18	162.1	Poland	252	30	119.0
Italy	722	101	139.8	Italy	434	48	110.5
Canada ¹	1,628	211	129.6	Canada ¹	772	81	104.9
Scotland	150	19	126.6	Scotland	78	8	102.5
Portugal	254	32	125.9	Austria	65	6	92.3
Sweden	218	26	119.2	Russia	474	42	88.6
Ireland	1,511	164	108.5	Germany	81	7	86.4
Finland	128	13	101.5	Ireland	878	65	74.0
England	420	42	100.0	Greece	61	4	65.5
Germany	134	13	97.0	England	214	11	51.4
Russia	475	46	96.8	Sweden	130	5	38.4
Poland	575	51	88.6	Portugal	87	3	34.4
Austria	145	9	62.0	Finland	67	2	29.8
All Other Countries	693	97	139.9	All Other Countries	428	45	105.1
Total	19,951	3,123	156.5	Total	12,881	1,487	115.4

(See Table 230 for detail)

¹ Includes Newfoundland.

TABLE 44. — *Discharge Rates of First and Readmissions Under Care in Hospitals for Mental Disorders, 1938, by Number of This Admission and Sex.*

NUMBER OF THIS ADMISSION	CASES UNDER CARE			DISCHARGES			RATE PER 1,000		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
First	10,313	9,638	19,951	1,822	1,301	3,123	176.6	134.9	156.5
Second	2,005	1,842	3,847	354	273	627	176.5	148.2	162.9
Third	2,502	2,456	4,958	228	202	430	91.1	82.2	86.7
Fourth	1,035	1,116	2,151	96	86	182	92.7	77.0	84.6
Fifth	447	507	954	52	46	98	116.3	90.7	102.7
Sixth	204	220	424	30	25	55	147.0	113.6	129.7
Seventh	119	110	229	22	16	38	184.8	145.4	165.9
Eighth	52	74	126	8	11	19	153.8	148.6	150.7
Ninth	32	40	72	9	6	15	281.2	150.0	208.3
Tenth	21	21	42	5	3	8	238.0	142.8	190.4
Eleventh	10	11	21	2	1	3	200.0	90.9	142.8
Twelfth or Over	32	25	57	10	2	12	312.5	80.0	210.5
Total	16,772	16,060	32,832	2,638	1,972	4,610	157.2	122.7	140.4

MENTAL CONDITION OF DISCHARGES TO THE COMMUNITY, 1938 BY DIAGNOSIS

Table 45 presents the condition on discharge of cases returned to the community during 1938. Of all first admissions leaving hospital, 21.3% were recorded as "without psychoses", 18.3% as recovered, 42.7% as improved and 17.6% as unimproved. Four out of every five patients discharged were either without a mental disorder or had shown definite improvement. In the total "with mental disorder" 24.3% were discharged as recovered, 54.5% as improved and 21.2% as unimproved. In other words, 78.8% of these patients, once definitely psychotic, were returned to the community as either recovered or improved. High proportions of recovery are observed in psychoses with other infectious diseases, 90%; with epidemic encephalitis, 50%; with psychopathic personality and due to drugs, 48%; alcoholic psychoses, 46% and with mental deficiency, 41%. Leading the improved group are psychoses with other forms of syphilis, 75%; with syphilitic meningo-encephalitis, 69%; dementia praecox, 68%; with other disturbances of circulation, 65% and psychoneuroses, 60%. Of the three psychoses most important numerically, dementia praecox shows 10% recovered, 68% improved and 21% unimproved. The alcoholic psychoses show 46% recovered, 47% improved and 5% unimproved. The manic-depressive show 34% recovered, 55% improved and 9% unimproved. It is encouraging that dementia praecox shows over seven out of every ten discharges as either recovered or improved.

In the readmissions we find 16% of discharges "without psychoses", 19% recovered, 49% improved and 14% unimproved. The figure for unimproved in the first admissions was higher, namely 17%. The readmissions are also making a better showing in the group "with mental disorder" with 23% recovered, 59% improved and 16% unimproved. This last figure is lower than the 21% unimproved in first admissions. Individual psychoses will not be discussed, owing to space limitations.

TABLE 46. — *Average Length of Hospital Stay during This Admission of First and Readmissions Discharged during 1938, by Condition on Discharge and Diagnosis*

DIAGNOSES	FIRST ADMISSIONS				READMISSIONS			
	Re-covered	Im-proved	Unim-proved	Without Psychoses	Re-covered	Im-proved	Unim-proved	Without Psychoses
With syphilitic meningo-encephalitis	.88	.80	.37	—	.79	1.66	1.44	—
With other forms of syphilis	12.50	1.39	.04	—	.87	.29	—	—
With epidemic encephalitis	.46	.62	—	—	—	2.22	—	—
With other infectious diseases	.12	.12	—	—	—	—	—	—
Alcoholic psychoses	.39	.57	1.65	—	.96	.60	1.97	—
Due to drugs, etc.	.09	.10	.04	—	.09	.14	.04	—
Traumatic psychoses	.08	.15	.04	—	17.50	.66	.33	—
With cerebral arteriosclerosis	1.62	.40	.29	—	.25	1.24	.41	—
With other disturbances of circulation	.13	.33	.04	—	—	.60	—	—
With convulsive disorders (epilepsy)	.09	.31	2.08	—	1.15	.51	1.54	—
Senile psychoses	1.50	1.11	.34	—	—	.37	.86	—
Involuntional psychoses	.88	1.24	.43	—	.67	.74	.33	—
Due to other metabolic diseases, etc.	.29	.27	.07	—	.23	.98	.04	—
Due to new growth	.20	.12	.04	—	—	1.50	—	—
With organic changes of nervous system	1.50	.39	.11	—	.54	.46	.06	—
Psychoneuroses	.39	.29	.05	—	.25	.48	.12	—
Manic-depressive psychoses	1.01	.84	.18	—	1.35	.99	.50	—
Dementia Praecox	.75	1.28	.67	—	.85	1.85	1.66	—
Paranoia and paranoid conditions	2.35	1.17	.96	—	1.75	1.42	1.03	—
With psychopathic personality	.93	1.14	.97	—	.60	1.21	.42	—
With mental deficiency	3.04	1.98	.05	—	1.65	1.88	1.28	—
Undiagnosed psychoses	.12	.06	.04	—	—	.04	.04	—
Without psychoses	—	—	—	.07	—	—	—	.12
Primary behavior disorders	.04	.04	.04	—	—	.04	.04	—
Total With Mental Disorder	.80	.80	.51	—	1.11	1.19	1.01	—
Total Without Mental Disorder ¹	.04	.04	.04	.07	—	.04	.04	.12
Grand Total	.80	.77	.46	.07	1.11	1.17	.97	.12

¹Includes Without Psychoses and Primary Behavior Disorders.

LENGTH OF HOSPITAL STAY OF DISCHARGES TO THE COMMUNITY, 1938, BY CONDITION ON DISCHARGE

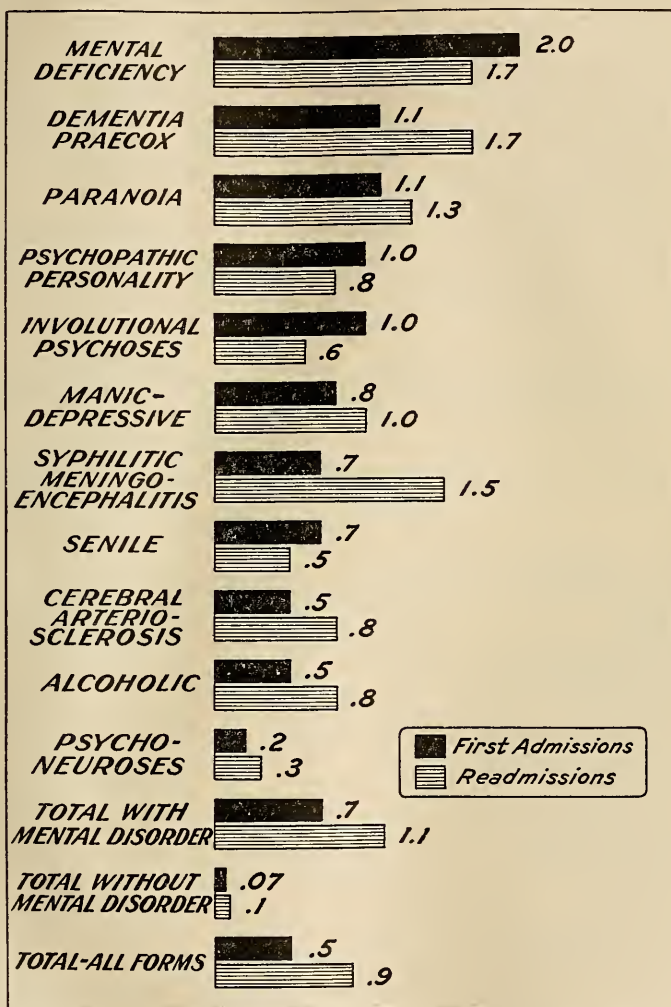
Table 46 presents the average length of hospital stay during the present admission of first admissions and readmissions returned to the community during 1938 by condition on discharge and diagnosis. In the total "with mental disorder" the 570 recovered remained .80 years, the 1,281 improved .80 years and the 498 unimproved .51 years. Complete recovery from the psychosis required a longer period of hospital residence than the attainment of a condition permitting return to the community. In the recovered, the traumatic psychoses, .08 years; with convulsive disorders, .09 years and due to drugs, .09 years remained the shortest time in hospital. With other forms of syphilis, 12.50 years; with mental deficiency, 3.04 years; and paranoia, 2.35 years remained the longest time in hospital. Psychoses due to drugs show the short hospital stay in the improved. Psychoses with other forms of syphilis, due to drugs, with other disturbances of circulation, due to new growth and due to trauma all show a short hospital stay of .04 years in the unimproved. In comparison with the general average, dementia praecox shows a long hospital residence in the improved and the unimproved.

In the readmissions "with mental disorder" the recovered remained an average of 1.11 years in hospital before being returned to the community, the improved an average of 1.19 years and the unimproved an average of 1.01 years. Here the improved show the

TABLE 47. — Average Length of Hospital Stay During This Admission of First and Readmissions Discharged, 1938, by Diagnosis and Sex

DIAGNOSES	AVERAGE HOSPITAL STAY IN YEARS										
	Total Discharges			First Admissions			Position	Readmissions			Position
	M.	F.	T.	M.	F.	T.	Position	M.	F.	T.	
With other forms of syphilis	2.87	.54	1.87	3.16	.60	2.09	1	.87	.29	.58	15
With mental deficiency	1.22	2.78	1.88	1.53	2.88	2.02	2	.76	2.70	1.71	4
With convulsive disorders (epilepsy)	1.32	1.01	1.22	1.33	1.29	1.32	3	1.31	.64	1.12	8
Paranoia and paranoid conditions . . . . .	.53	1.72	1.21	1.56	1.58	1.17	4	1.47	2.20	1.34	7
Dementia praecox	1.37	1.35	1.36	1.52	1.08	1.10	5	1.70	1.81	1.75	3
With psychopathic personality . . . . .	.69	1.21	.91	.57	1.70	1.02	6	.82	.82	.82	11
Involutional psychoses . . . . .	.94	.93	.94	.98	1.02	1.01	7	.60	.65	.64	13
Manic-depressive psychoses	1.03	.90	.95	.87	.81	.83	8	1.22	.98	1.07	9
Senile psychoses	1.14	.49	.70	1.21	.53	.73	9	.90	.23	.56	16
With syphilitic meningo-encephalitis . . . . .	.92	.95	.93	.70	.73	.71	10	1.58	1.53	1.57	5
Alcoholic psychoses . . . . .	.62	.63	.62	.58	.33	.55	11	.72	1.40	.80	12
With epidemic encephalitis	2.24	.50	1.66	.62	.46	.54	12	2.79	.54	2.22	2
With cerebral arteriosclerosis . . . . .	.67	.43	.56	.64	.35	.51	13	.85	.82	.83	10
With organic changes of nervous system . . . . .	.21	.39	.30	.20	.39	.29	14	.25	.39	.33	19
Psychoneuroses . . . . .	.26	.33	.30	.26	.28	.27	15	.26	.46	.37	18
With other disturbances of circulation . . . . .	.09	.40	.29	.09	.34	.25	16	.12	.85	.60	14
Due to other metabolic diseases, etc. . . . .	.13	.34	.26	.13	.31	.24	17	.08	.51	.39	17
With other infectious diseases . . . . .	.81	.12	.46	.12	.13	.10	18	—	—	—	24
Due to new growth	1.23	.10	1.01	.12	.12	.12	19	1.50	—	1.50	6
Traumatic psychoses . . . . .	.11	.09	.10	.11	.10	.11	20	3.89	—	3.89	1
Due to drugs, etc. . . . .	.08	.09	.08	.06	.09	.07	21	.10	.11	.10	21
Without psychoses . . . . .	.04	.04	.04	.04	.04	.04	22	.12	.10	.12	20
Undiagnosed psychoses . . . . .	.04	.04	.04	.04	.04	.04	23	.04	.04	.04	22
Primary behavior disorders . . . . .	.04	.04	.04	.04	.04	.04	24	.04	.04	.04	23
Total With Mental Disorder . . . . .	.85	.91	.88	.72	.77	.74		1.11	1.17	1.14	
Total Without Mental Disorder . . . . .	.08	.08	.08	.06	.08	.07		.12	.09	.11	
Grand Total . . . . .	.63	.78	.70	.52	.65	.57		.89	1.05	.96	

longest hospital residence. Again psychoses due to drugs show a short hospital residence, whatever the condition on discharge. Psychoses due to metabolic diseases also show a short residence in the recovered. Again dementia praecox shows a long hospital residence in both the improved and the unimproved.



GRAPH 4. — LENGTH OF TIME IN RESIDENCE DURING THIS ADMISSION OF CERTAIN PSYCHOSES, ALL FIRST ADMISSIONS AND READMISSIONS DISCHARGED DURING 1938: AVERAGES IN YEARS

LENGTH OF HOSPITAL STAY OF DISCHARGES TO THE COMMUNITY, 1938, BY DIAGNOSIS

Table 47 and Graph 4 present the average length of hospital residence during the present admission of cases returning to the community during 1938. First admissions "with mental disorder" show an average hospital residence of .74 years or about nine months. The average residence of the females, .77 years, is somewhat longer than that of the males, .72 years. The long hospital residences are shown by psychoses with other forms of syphilis, 2.09 years; with mental deficiency, 2.02 years; with convulsive disorders,

1.32 years; paranoia, 1.17 years; and dementia praecox, 1.10 years. The psychoses with shorter hospital residences are those due to new growth, .12 years; other infectious diseases, .12 years; due to trauma, .11 years; due to drugs, .09 years; and undiagnosed, .04 years. In mental deficiency, psychopathic personality, with organic changes of the nervous system, paranoia, due to other metabolic diseases, involutional, other disturbances of circulation, psychoneuroses and psychoses with syphilitic meningo-encephalitis, we observe the females showing a longer length of hospital stay.

The readmissions "with mental disorder" show an average hospital stay of 1.14 years or about a year and two months. The readmissions also show a longer hospital residence for the females, 1.17 years, than for the males, 1.11 years. The traumatic psychoses with 3.89 years, epidemic encephalitis with 2.22 years, dementia praecox with 1.75 years and mental deficiency with 1.71 years present the longer hospital residences. Due to drugs with an average stay of .10 years and undiagnosed psychoses with .04 years show the short average hospital residences.

Remarkable differences in length of hospital stay are noted. In first admissions, other forms of syphilis with a stay of 2.09 years remain two years longer than the undiagnosed psychoses with an average of .04 years. Among the readmissions, the traumatic psychoses with an average of 3.89 years remain in hospital nearly four years longer than the undiagnosed psychoses with an average stay of .04 years.

TABLE 48.—*Average Length of Hospital Stay¹ During Previous Admissions and the Present Admission: Readmissions Discharged, 1938, by Diagnosis and Sex*

DIAGNOSES	READMISSIONS DISCHARGED								
	This Admission			Previous Admissions			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis . . .	1.58	1.53	1.57	.94	1.00	.95	2.52	2.53	2.52
With other forms of syphilis . . .	.87	.29	.58	11.63	.17	5.90	12.50	.46	6.48
With epidemic encephalitis . . .	2.79	.54	2.22	.71	—	.54	3.50	.54	2.76
Alcoholic psychoses . . .	.72	1.40	.80	.35	.39	.36	1.07	1.79	1.16
Due to drugs, etc. . .	.10	.11	.10	.09	.51	.32	.19	.62	.42
Traumatic psychoses . . .	3.89	—	3.89	1.35	—	1.35	5.24	—	5.24
With cerebral arteriosclerosis . . .	.85	.82	.83	1.27	.58	.88	2.12	1.40	1.71
With other disturbances of circulation . . .	.12	.85	.60	.25	.50	.42	.37	1.35	1.02
With convulsive disorders (epilepsy) . . .	1.31	.64	1.12	1.53	.32	1.19	2.84	.96	2.31
Senile psychoses . . .	.90	.23	.56	.30	1.77	1.09	1.20	2.00	1.65
Involutional psychoses . . .	.60	.65	.64	.20	.55	.51	.80	1.20	1.15
Due to other metabolic diseases, etc. . .	.08	.51	.39	.12	1.30	.96	.20	1.81	1.35
Due to new growth . . .	1.50	—	1.50	1.00	—	1.00	2.50	—	2.50
With organic changes of nervous system . . .	.25	.39	.33	2.19	1.03	1.51	2.44	1.42	1.84
Psychoneuroses . . .	.26	.46	.37	.30	.42	.37	.56	.88	.74
Manic-depressive psychoses . . .	1.22	.98	1.07	1.20	1.05	1.10	2.42	2.03	2.17
Dementia Praecox . . .	1.70	1.81	1.75	1.64	1.29	1.48	3.34	3.10	3.23
Paranoia and paranoid conditions . . .	.47	2.20	1.34	1.78	1.29	1.53	2.25	3.49	2.87
With psychopathic personality . . .	.82	.82	.82	1.04	1.28	1.15	1.86	2.10	1.97
With mental deficiency . . .	.76	2.70	1.71	1.24	3.68	2.43	2.00	6.38	4.14
Undiagnosed psychoses . . .	.04	.04	.04	1.72	.13	1.06	1.76	.17	1.10
Without psychoses . . .	.12	.10	.12	.61	1.17	.76	.73	1.27	.88
Primary behavior disorders . . .	.04	.04	.04	.56	1.34	.90	.60	1.38	.94
Total With Mental Disorder . . .	1.11	1.17	1.14	1.09	1.08	1.08	2.20	2.25	2.22
Total Without Mental Disorder . . .	.12	.09	.11	.60	1.19	.78	.72	1.28	.89
Grand Total . . .	.89	1.05	.96	.97	1.09	1.03	1.86	2.14	1.99

¹Exclusive of Time spent out on visit, etc.

TOTAL LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS AND THE PRESENT ADMISSIONS, READMISSIONS DISCHARGED TO THE COMMUNITY, 1938, BY DIAGNOSIS

Table 48 shows the length of hospital stay during previous admissions as well as the present admission of all readmissions returned to the community during 1938. Fourteen hundred eighty-seven readmissions, returned to the community during 1938, had been in hospital an average of 1.99 years during their lives, 1.03 years in hospital during previous admissions and .96 years during this admission. The average stay, 2.14 years, of the females is 15% longer than the 1.86 years of the males. During previous admissions the females showed an average hospital stay which was 12% longer than that of the males. During the present admission the hospital stay of the females averaged 17% longer than that of the males. Considering the total of all admissions, the long hospital residence is shown by the psychoses with other forms of syphilis with 6.48 years and

traumatic psychoses with 5.24 years. In order follow mental deficiency, 4.14 years; dementia praecox, 3.23 years; paranoia, 2.87 years; and with epidemic encephalitis, 2.76 years. The short hospital residences during all admissions are observed in psychoses due to drugs, .42 years; psychoneuroses, .74 years; other disturbances of circulation, 1.02 years and undiagnosed psychoses, 1.10 years.

It is observed that the psychoses in which definite organic changes have taken place are the ones tending to long hospital residence. Four of the six psychoses showing the longest hospital stay, namely, traumatic psychoses, mental deficiency, epidemic encephalitis and other forms of syphilis fall in this group. Dementia praecox and paranoia are the only ones of the functional group appearing here. This table points out definitely that the length of hospital stay during previous admissions must be considered if we are to obtain a satisfactory picture of the total time spent in mental hospitals by the various groups of the clinical classification. Here we note that of the total average time in mental hospitals, 1.99 years, 1.03 years or 52% occurred during previous admissions.

LENGTH OF HOSPITAL STAY DURING THE PRESENT ADMISSION OF DISCHARGES
TO THE COMMUNITY, 1938, BY HOSPITAL

Table 49 presents the average length of hospital stay of discharges during 1938, by hospital. The Psychopathic Hospital, with a preponderance of temporary cases, shows the short hospital stay of .04 years or 14 days. Of the active admitting hospitals with court commitments predominating, Taunton shows the short hospital stay in first admissions of .52 years or six and one-quarter months. Danvers is second with a stay of .56 years or about six and three-quarters months and Worcester third with a stay of .65 years or about seven and three-quarters months. Monson shows a long average residence of 2.66 years. Among the transfer hospitals, Grafton shows the shortest average residence, .30 years or three and one-half months. The numbers of first admissions coming to the transfer hospitals are, of course, small.

TABLE 49. — *Average Length of Hospital Stay During This Admission, First and Readmissions Discharged, 1938, by Hospital*

HOSPITALS	LENGTH OF RESIDENCE		
	Total	First Admissions	Readmissions
Boston Psychopathic . . . . .	.04	.04	.04
Taunton . . . . .	.53	.52	.54
Danvers . . . . .	.63	.56	.78
Worcester . . . . .	.73	.65	.85
Westborough . . . . .	.91	.87	.99
Northampton . . . . .	.97	.98	.97
Foxborough . . . . .	.98	.92	1.13
Boston State	1.31	1.12	1.65
Grafton . . . . .	.69	.30	1.24
Medfield . . . . .	.97	.60	1.42
Gardner	1.09	1.11	1.06
Metropolitan	1.66	.45	1.74
Monson	1.94	2.66	.87
Bridgewater . . . . .	.58	.39	.97
McLean . . . . .	.63	.46	.95
Veterans' Administration Facility No. 107	1.28	.62	1.61
Veterans' Administration Facility No. 95	2.70	.27	3.24
Tewksbury	7.50	7.50	—
Total With Mental Disorder . . . . .	.88	.74	1.14
Total Without Mental Disorder . . . . .	.08	.07	.11
Total . . . . .	.70	.57	.96

The readmissions at Psychopathic show the same short average stay of .04 years. Among the active admitting hospitals, Taunton, Danvers and Worcester again show the shortest residence, .54 years, .78 years and .85 years respectively. Monson readmissions are in hospital for a much shorter period than first admissions, .87 years as compared with 2.66 years. Of the transfer hospitals, the shortest residence, 1.06 years, is at Gardner.

LENGTH OF HOSPITAL STAY OF DISCHARGES RETURNED TO THE COMMUNITY,
1938, BY AGE AT ADMISSION

Table 50 gives the average length of hospital stay in accordance with the age at admission. All admissions remained a total of .70 years or 8 months and 12 days. First admissions remained .57 years and readmissions .96 years. The readmissions remained in residence nearly five months longer than first admissions. In first admissions the females remained .65 years, nearly a month and a half longer than the males, who remained .52 years. In readmissions the females remained an average of 1.05 years, which is nearly two months longer than the average for the males, .89 years.

In the age groups we observe that patients coming into mental hospitals in the younger and older years tend to have a short hospital stay. The first admissions admitted under 20 years of age were discharged after a hospital stay of approximately six months. The long hospital residence of .71 years or about eight and a half months occurs in patients admitted between 50 and 59 years. Those coming in at older ages show gradual decreases.

In the readmissions also the patients in the younger and older ages show short hospital residences. Patients admitted under the age of 20 remained .60 years or just over seven months. Patients readmitted between the ages of 40 and 49 years remained the longest period of 1.25 years or one year and a quarter. In readmissions there is a greater tendency for long hospital residence to be associated with the ages from 40 to 59 years than in first admissions.

TABLE 50. — *Average Length of Hospital Stay During This Admission, First and Readmissions Discharged, 1938, by Age at Admission and Sex*

AGE AT ADMISSION	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
0-19 Years . . . . .	.46	.57	.51	.47	.50	.48	.45	.86	.60
20-29 Years . . . . .	.60	.59	.60	.50	.57	.53	.83	.62	.74
30-39 Years . . . . .	.62	.67	.64	.47	.53	.49	.93	.90	.92
40-49 Years . . . . .	.65	1.23	.89	.46	.98	.68	.97	1.66	1.25
50-59 Years . . . . .	.70	1.03	.85	.59	.87	.71	.96	1.26	1.13
60-69 Years . . . . .	.84	.49	.68	.84	.45	.68	.82	.56	.70
70-79 Years . . . . .	.58	.32	.45	.50	.28	.40	1.10	.47	.72
80-89 Years . . . . .	.35	.11	.23	.33	.09	.21	.62	.24	.37
90 Years and Over . . . . .	.06	.16	.10	.08	.16	.12	.04	—	.04
Total . . . . .	.63	.78	.70	.52	.65	.57	.89	1.05	.96

(See Tables 216 and 217 for detail)

AGE OF DISCHARGES RETURNED TO THE COMMUNITY, 1938, BY DIAGNOSIS

Table 51 shows the average age at discharge in first admissions and readmissions by diagnosis. All first admissions "with mental disorder" were returned to the community at an average age of 43.1 years. In the total "without mental disorder" the average age at discharge is younger, 34.9 years. In readmissions "with mental disorder" the age at discharge does not differ greatly, presenting an average of 42.3 years. The females are two years older than the males. In the readmissions "without mental disorder" the average age is 37.7 years. The males of this group are over two years older than the females. In first admissions the oldest average ages at discharge are found in the senile psychoses, 75 years; cerebral arteriosclerosis, 68 years; other disturbances of circulation, 55 years; involutional psychoses, 54 years; and due to new growth, 50 years. The youngest discharge ages are found in dementia praecox and epilepsy, with 33 years each, with mental deficiency and psychopathic personality, 31 years each and epidemic encephalitis, 30 years. In the readmissions the oldest average discharge ages are found in senile psychoses, 75 years, and cerebral arteriosclerosis and other disturbances of circulation, 65 years. The youngest discharge ages are noted in undiagnosed psychoses and convulsive disorders, each 33 years, and epidemic encephalitis, 25 years.

AGE OF DISCHARGES TO THE COMMUNITY, 1938, BY HOSPITAL

Table 52 gives the average age at discharge of first admissions and readmissions leaving various hospitals. The Psychopathic Hospital, dealing almost exclusively with short-term residents, shows a discharge age of 34.8 years, 35.2 years in the males and 34.1 years in the females. In the readmissions the same hospital shows an average of 36.3 years, 37.4 years in the males and 35.0 years in the females. In the active admitting

TABLE 51. — *Average Age at Discharge of First and Readmissions Discharged, 1938, by Diagnosis and Sex*

DIAGNOSES	TOTAL DISCHARGES			FIRST ADMISSIONS			READMISSIONS		
	Number			Number			Number		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
	Average Age			Average Age			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile psychoses	18	37	55	14	32	46	78.9	73.9	75.4
With cerebral arteriosclerosis	137	121	258	120	99	219	68.7	68.1	68.4
With other disturbances of circulation	9	17	26	8	15	23	53.1	57.1	55.7
Involutional psychoses	30	86	116	27	66	93	57.6	52.5	54.0
Due to new growth	2	2	4	1	2	3	67.5	42.5	50.8
Traumatic psychoses	17	4	21	12	4	16	50.8	38.7	47.8
Paranoia and paranoid conditions	44	60	104	47	78	125	46.3	48.5	47.6
With other infectious diseases	6	4	10	4	10	14	45.8	45.0	45.5
With other forms of syphilis	8	6	14	7	5	12	49.6	39.5	45.4
With organic changes of nervous system	25	24	49	20	17	37	41.7	49.5	45.3
Due to drugs, etc.	19	21	40	13	14	27	45.9	43.2	44.5
With syphilitic meningo-encephalitis	75	26	101	56	19	75	43.5	46.7	44.3
Alcoholic psychoses	466	63	529	333	45	378	43.3	43.2	43.3
Manic-depressive psychoses	285	446	731	158	218	376	41.5	38.9	40.0
Due to other metabolic diseases, etc.	21	37	58	19	32	51	43.0	37.0	39.2
Psychoneuroses	164	196	360	119	139	258	38.3	37.2	37.7
Without psychoses	660	251	911	485	181	666	36.6	37.7	36.9
Undiagnosed psychoses	41	32	73	34	27	61	33.7	38.0	35.6
With convulsive disorders (epilepsy)	61	28	89	30	16	46	35.2	30.0	33.4
Dementia praecox	362	370	732	337	33	370	31.7	34.4	33.2
With psychopathic personality	51	39	90	26	17	43	29.0	35.4	31.5
With mental deficiency	62	45	107	37	21	58	29.6	34.8	31.5
With epidemic encephalitis	4	2	6	1	1	2	32.5	27.5	30.0
Primary behavior disorders	71	55	126	61	47	108	23.1	20.9	22.7
Total With Mental Disorder	1,907	1,666	3,573	1,276	1,073	2,349	43.0	43.2	43.1
Total Without Mental Disorder	731	306	1,037	546	228	774	35.2	34.2	34.9
Grand Total	2,638	1,972	4,610	1,822	1,301	3,123	40.7	41.6	41.0
				816	671	1,487	40.7	42.5	41.5
				631	593	1,224	41.4	43.4	42.3
				185	78	263	38.5	35.9	37.7

(See Tables 208 and 209 for detail)

TABLE 52. — *Average Age at Discharge of First and Readmissions Discharged, 1938, by Hospital and Sex*

HOSPITALS	TOTAL DISCHARGES						FIRST ADMISSIONS						READMISSIONS					
	Number			Average Age			Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston Psychopathic	696	483	1,179	35.6	34.4	35.1	554	367	921	35.2	34.1	34.8	142	116	258	37.4	35.0	36.3
Boston State	322	332	654	45.5	49.6	47.6	209	210	419	47.9	50.8	49.3	113	122	235	41.1	47.5	44.5
Worcester	269	174	443	44.7	42.2	43.7	169	97	266	44.8	41.3	43.5	100	77	177	44.5	43.3	43.9
Foxborough	72	148	220	43.0	43.9	43.4	54	52	106	43.2	43.0	43.1	18	24	42	42.2	45.8	44.2
Danvers	299	538	837	41.3	42.9	42.0	196	162	358	41.8	43.5	42.6	103	77	180	40.3	41.5	40.8
Taunton	158	113	271	42.6	42.2	42.5	111	83	194	43.2	41.8	42.6	47	30	77	41.3	43.5	42.1
Northampton	200	157	357	42.2	42.5	42.3	157	110	267	42.6	41.2	42.0	43	47	90	40.4	45.6	43.1
Westborough	156	132	288	41.5	44.0	42.7	112	81	193	40.8	42.3	41.5	44	51	95	43.2	46.8	45.1
Gardner	51	46	97	44.5	46.4	45.4	34	21	55	43.8	51.7	46.8	17	25	42	46.0	41.9	43.5
Medfield	65	64	129	40.5	43.4	41.9	40	31	71	38.3	46.0	41.7	25	33	58	43.9	40.9	42.2
Metropolitan	11	22	33	38.8	42.7	41.4	—	2	2	—	35.0	35.0	11	20	31	38.8	43.5	41.8
Grafton	27	16	43	36.7	35.0	36.1	17	8	25	36.9	30.6	34.9	10	8	18	36.5	39.3	37.7
Monson	25	10	35	34.5	35.0	34.6	15	6	21	35.1	30.8	33.9	10	4	14	33.5	41.2	35.7
Tewksbury	—	1	1	—	52.5	52.5	—	1	1	—	52.5	52.5	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	33	—	33	44.6	—	44.6	6	—	6	45.8	—	45.8	27	—	27	44.3	—	44.3
McLean	126	107	233	41.7	43.1	42.4	82	70	152	44.2	45.0	44.6	44	37	81	37.1	39.5	38.2
Veterans' Adm. Facility No. 107	60	—	60	43.7	—	43.7	20	—	20	44.2	—	44.2	40	—	40	43.5	—	43.5
Bridgewater	68	—	68	32.4	—	32.4	46	—	46	31.5	—	31.5	22	—	22	34.3	—	34.3
Total	2,638	1,972	4,610	40.7	41.9	41.2	1,822	1,301	3,123	40.7	41.6	41.0	816	671	1,487	40.7	42.5	41.5
Percent	100.0	100.0	100.0	69.1	66.0	67.7	69.1	66.0	67.7				30.9	34.0	32.3			

(See Tables 214 and 215 for detail)

hospitals, Boston State shows the high average discharge age of 49.3 years. The low average discharge age of this group is shown by Westborough with 41.5 years. In the readmissions, Westborough shows the high average discharge age of 45.1 years and Danvers the low average of 40.8 years. In the second group, the chronic transfer hospitals, the high discharge age of first admissions is shown by Gardner with 46.8 years and the low discharge age by Grafton with 34.9 years. In the readmissions of this group Gardner shows the high average of 43.5 years and Grafton the low average of 37.7 years. The Monson State Hospital, admitting epileptics only, cares for many children. This, of course, distributes the discharge ages in the younger groups.

TABLE 53. — *Average Length of Residence During This Admission, First and Readmissions Discharged, 1938, by Nativity Groups and Sex*

NATIVITY	Total			First Admissions			Readmissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Foreign Born . . . . .	.80	.79	.80	.67	.57	.63	1.16	1.23	1.20
Native Born: . . . . .	.58	.78	.66	.47	.68	.55	.81	.97	.88
Foreign Parentage . . . . .	.70	.90	.79	.60	.82	.70	.86	1.05	.94
Mixed Parentage . . . . .	.47	.58	.51	.39	.43	.40	.67	.85	.75
Native Parentage . . . . .	.57	.79	.66	.43	.67	.53	.88	1.02	.94
Unknown Parentage . . . . .	.23	.40	.29	.25	.44	.32	.14	.30	.21
Nativity Unknown	1.28	.04	1.10	.04	—	.04	3.77	.04	2.52
Total . . . . .	.63	.78	.70	.52	.65	.57	.89	1.05	.96

TABLE 54. — *Times Out on Visit During This Admission of Cases Discharged, 1938, by Diagnosis*

DIAGNOSES	TOTAL		NUMBER OF TIMES ON VISIT							Average Number of Times Out
	Cases	No. of Visits	None	One	Two	Three	Four-Six	Seven-Nine	Ten or More	
With epidemic encephalitis	6	31	1	—	1	—	2	1	1	5.16
Dementia praecox	732	1,255	183	295	123	41	54	16	20	1.71
With mental deficiency	107	175	47	24	11	5	14	4	2	1.63
With syphilitic meningo-encephalitis	101	134	39	31	13	6	10	2	—	1.32
Involuntal psychoses	116	150	29	51	21	10	4	1	—	1.29
With other forms of syphilis	14	18	3	8	2	—	1	—	—	1.28
Manic-depressive psychoses	731	866	226	339	90	39	22	10	5	1.18
Traumatic psychoses	21	21	12	7	—	1	—	—	1	1.00
With other disturbances of circulation	26	26	9	13	1	2	1	—	—	1.00
With convulsive disorders (epilepsy)	89	89	42	31	6	4	5	—	1	1.00
With psychopathic personality	90	87	43	26	14	3	3	—	1	.96
Senile psychoses	55	49	19	28	6	1	1	—	—	.89
With organic changes of nervous system	49	38	24	20	3	1	—	1	—	.77
With cerebral arteriosclerosis	258	197	117	118	13	4	4	—	2	.76
Paranoia and paranoid conditions	104	78	56	34	5	5	4	—	—	.75
Alcoholic psychoses	529	288	361	121	27	6	7	4	3	.54
Due to other metabolic diseases, etc.	58	31	33	20	4	1	—	—	—	.53
With other infectious diseases	10	5	5	5	—	—	—	—	—	.50
Due to new growth	4	2	2	2	—	—	—	—	—	.50
Psychoneuroses	360	167	275	50	17	10	5	1	2	.46
Due to drugs, etc.	40	10	30	10	—	—	—	—	—	.25
Undiagnosed psychoses	73	3	70	3	—	—	—	—	—	.04
Without psychoses	911	31	890	15	4	1	1	—	—	.03
Primary behavior disorders	126	—	126	—	—	—	—	—	—	—
Total With Mental Disorder	3,573	3,720	1,626	1,236	357	139	137	40	38	1.04
Total Without Mental Disorder	1,037	31	1,016	15	4	1	1	—	—	.02
Grand Total	4,610	3,751	2,642	1,251	361	140	138	40	38	.81
Percent	100.0		57.3	27.1	7.8	3.0	3.0	.9	.8	

LENGTH OF HOSPITAL STAY OF DISCHARGES RETURNED TO THE COMMUNITY,
1938, BY NATIVITY

Table 53 shows the average length of residence during the present admission of first admissions and readmissions discharged during 1938, by nativity. The total native born first admissions show a hospital residence of .55 years, while the foreign born remain in hospital .63 years. In readmissions the native born show a hospital stay of .88 years and the foreign born remain almost four months longer, an average of 1.20 years. In the foreign born first admissions the females show a hospital residence over a month longer than the males. In the native born the females show a hospital stay two and one-half months longer than the males. In the foreign born readmissions the females show a hospital stay 25 days longer than the males, with a similar excess in the native born.

Studying the native born in accordance with parentage, we find the native born with parents foreign born show the long hospital stay of .70 years, the native born with both parents native born an average of .53 years, and the native born with one parent foreign and one parent native born the short hospital stay of .40 years. In the readmissions the native born of foreign parentage and the native born of native parentage both show a long hospital stay of .94 years. The native born of mixed parentage, with .75 years, are lower.

TIMES OUT ON VISIT IN DISCHARGES TO THE COMMUNITY, 1938, BY DIAGNOSIS

Table 54 outlines the number of times patients left the hospital on visit previous to their discharge, by diagnosis. All patients discharged, 1938, show an average of .81 times out of hospital before being permanently returned to the community. Some 57% were discharged directly from the hospital and 43% had one or more visits previous to discharge. The group "with mental disorder" shows an average of 1.04 visits. The group "without mental disorder" shows an average of .02 visits. The high average numbers of visits are shown by epidemic encephalitis, 5.16; dementia praecox, 1.71; mental deficiency, 1.63; and syphilitic meningo-encephalitis, 1.32. The smallest average numbers of visits are shown by psychoneuroses, .46; due to drugs, .25 and undiagnosed psychoses, .04.

Section D. Deaths in Mental Hospitals During the Year 1938

The following section presents data in reference to all cases dying in mental hospitals during the year 1938. As in the case of admissions and discharges, the deaths reported are no longer confined to court admissions. The data as outlined are based on all cases dying in mental hospitals and include those admitted under court, temporary care, observation and voluntary status.

TABLE 55. — *First and Readmissions Dying in Hospitals for Mental Disorders, 1937 and 1938, by Form of Admission and Sex*

Year	Sex	Aggregate	FIRST ADMISSIONS					READMISSIONS				
			Total	Court	Temporary Care	Observation	Voluntary	Total	Court	Temporary Care	Observation	Voluntary
1937	T.	1,974	1,580	1,432	71	64	13	394	377	10	4	3
	M.	1,023	831	735	52	34	10	192	183	5	2	2
	F.	951	749	697	19	30	3	202	194	5	2	1
1938	T.	1,704	1,232	1,085	60	69	18	472	452	7	7	6
	M.	873	646	553	46	34	13	227	212	6	5	4
	F.	831	586	532	14	35	5	245	240	1	2	2

DEATHS IN MENTAL HOSPITALS, 1938, BY FORM OF ADMISSION

Table 55 shows that 1,704 deaths occurred in 1938, 873 males and 831 females. This is a decrease of 13% from the 1,974 deaths in 1937. Of the 1,232 first admissions dying, 1,085 were admitted by court commitment, 60 under temporary care, 69 under observation and 18 on voluntary papers. Of the 472 readmissions, 452 were on court papers, 7 on temporary care, 7 on observation and 6 on voluntary. In both first admissions and readmissions, there is a slight increase over 1937 in the observation and voluntary cases dying. The number of court readmissions dying increases by 20%, but there is a definite decrease in the other court and temporary care cases.

TABLE 56. — *First and Readmissions Dying, 1938, by Form of Admission and Diagnosis: Numbers and Percentages*

DIAGNOSES	FIRST ADMISSIONS						READMISSIONS					
	Total			Court			Temporary Care			Observation		
	No.	%		No.	%		No.	%		No.	%	
With syphilitic meningo-encephalitis	70	5.7		66	6.1		—	—		4	5.8	
With other forms of syphilis	9	.7		8	.7		—	—		1	1.4	
With epidemic encephalitis	4	.3		4	.4		—	—		—	—	
With other infectious diseases	4	.3		1	.1		—	—		—	—	
Alcoholic psychoses	54	4.4		44	4.1		1	1.7		3	2.9	
Due to drugs, etc.	2	.2		3	.3		7	11.7		4	4.4	
Traumatic psychoses	2	.2		1	.1		—	—		—	—	
With cerebral arteriosclerosis	488	39.6		447	41.2		1	1.7		21	30.4	
With other disturbances of circulation	21	1.7		13	1.2		20	33.3		3	4.4	
With convulsive disorders (epilepsy)	28	2.3		10	.9		5	8.3		3	4.4	
Senile psychoses	215	17.5		195	18.0		1	1.7		—	—	
Involutional psychoses	48	3.9		39	3.6		8	13.3		12	17.4	
Due to other metabolic diseases, etc.	34	2.8		21	1.9		2	3.3		7	10.1	
Due to new growth	6	.5		4	.4		5	8.3		8	11.6	
Psychoneuroses	32	2.6		26	2.4		—	—		2	2.9	
With organic changes of nervous system	10	.8		10	.9		3	5.0		3	4.4	
Manic-depressive psychoses	41	3.3		40	3.7		—	—		—	—	
Dementia praecox	112	9.1		110	10.1		1	1.7		—	—	
Paranoia and paranoid conditions	14	1.1		12	1.1		—	—		2	2.9	
With psychopathic personality	1	.1		1	.1		—	—		1	1.4	
With mental deficiency	24	1.9		24	2.2		—	—		—	—	
Undiagnosed psychoses	6	.5		3	.3		3	5.0		—	—	
Without psychoses	6	.5		3	.3		3	5.0		—	—	
Total With Mental Disorder	1,226	99.5		1,082	99.7		57	95.0		69	100.0	
Total Without Mental Disorder	6	.5		3	.3		3	5.0		—	—	
Grand Total	1,232	100.0		1,085	100.0		60	100.0		69	100.0	

(See Table 218 for detail)

DIAGNOSIS IN DEATHS, 1938, BY FORM OF ADMISSION

Table 56 presents the legal form of admission of patients who died during 1938, by diagnosis. Three psychoses are important among the deaths in first admissions. Four hundred eighty-eight of the deaths were diagnosed as psychoses with cerebral arteriosclerosis. They make up 41% of the court commitments, 33% of the temporary care commitments and 30% of observation commitments. Senile psychoses, with 215 deaths, make up 18% of court commitments, 13% of temporary care commitments and 17% of the observation commitments. Dementia praecox, with 112 deaths, comprises 10% of court commitments and 2% of observation commitments.

Among the readmissions dementia praecox records 171 deaths, comprising 37% of court commitments. Manic-depressive psychoses show 66 deaths, making up 13% of court commitments, 28% of temporary care admissions and 14% of the observation commitments dying during 1938. Cerebral arteriosclerosis is third with 57 deaths, 12% of court commitments, 14% of temporary care and 28% of observation.

DIAGNOSIS IN DEATHS, 1938: DEATH RATES PER 1,000 UNDER TREATMENT

In Table 57 we record the death rate per 1,000 under treatment of the various psychoses by first admissions and readmissions. The total death rate for first admissions is 67. This rate is over six times the death rate of the general population for 1938, 11.1. In the subdivision "with mental disorder" the death rate is 70 and in the group "without mental disorder" 6. In the readmissions the total death rate is 40 per 1,000 under treatment. Even in readmissions the death rate is over three times that of the general population. The subgroup "with mental disorder" shows a death rate of 41 and the group "without mental disorder" a rate of 2.

In first admissions, psychoses due to new growth and other disturbances of circulation show death rates of 500 and 300 per 1,000 under treatment respectively. Cerebral arteriosclerosis is also high with a rate of 263. Senile psychoses and other metabolic diseases show high rates of 253 and 206 respectively. The low death rates are shown in mental deficiency, 20, dementia praecox, 15 and psychopathic personality, 6. Only in psychopathic personality, 6, and "without psychoses", 7, are the death rates lower than in the general population, 11.1.

TABLE 57. — *First and Readmissions Dying, 1938, by Diagnosis, Death Rates per 1,000 Under Treatment*

FIRST ADMISSIONS	Death Rate per 1,000	READMISSIONS	Death Rate per 1,000
Due to new growth	500.	Due to new growth	500.
With other disturbances of circulation	300.	With other infectious diseases	333.
With cerebral arteriosclerosis	263.	Senile psychoses	247.
Senile psychoses	253.	With cerebral arteriosclerosis	165.
Due to other metabolic diseases, etc.	206.	With other disturbances of circulation	142.
With other infectious diseases	148.	With organic changes of nervous system	79.
With organic changes of nervous system	133.	Traumatic psychoses	66.
With syphilitic meningo-encephalitis	102.	Involutional psychoses	64.
Involutional psychoses	86.	Due to other metabolic diseases, etc.	60.
With other forms of syphilis	83.	With convulsive disorders (epilepsy)	55.
With epidemic encephalitis	78.	Alcoholic psychoses	55.
Due to drugs, etc.	78.	Due to drugs, etc.	47.
With convulsive disorders (epilepsy)	44.	With syphilitic meningo-encephalitis	44.
Alcoholic psychoses	40.	Manic-depressive psychoses	42.
Manic-depressive psychoses	32.	With epidemic encephalitis	38.
Psychoneuroses	27.	With other forms of syphilis	28.
Paranoia and paranoid conditions	26.	Dementia praecox	28.
Traumatic psychoses	26.	With mental deficiency	28.
With mental deficiency	20.	Paranoia and paranoid conditions	23.
Dementia praecox	15.	With psychopathic personality	21.
With psychopathic personality	6.	Psychoneuroses	15.
Undiagnosed psychoses	82.	Undiagnosed psychoses	—
Without psychoses	7.	Without psychoses	3.
Total With Mental Disorder	70.	Total With Mental Disorder	41.
Total Without Mental Disorder	6.	Total Without Mental Disorder	2.
Grand Total	67.	Grand Total	40.

Death Rate, General Population of Massachusetts, 1938, 11.1 per thousand population.

In the readmissions the four high death rates are shown by psychoses due to new growth, 500; with other infectious diseases, 333; senile psychoses, 247; and with cerebral arteriosclerosis, 165. The low rates are shown by paranoia, 23; psychopathic personality, 21 and psychoneuroses, 15.

DIAGNOSIS IN DEATHS, 1938, BY AGE: DEATH RATES PER 1,000 UNDER TREATMENT

Table 58 presents the death rates for the various psychoses in both first admissions and readmissions by age. The death rates for specific psychoses as outlined in Table 57 might well be influenced by a preponderance of young patients with low death rates or old patients with high death rates. Therefore, Table 58 offers the death rates by age, giving the cases under treatment in each age group and the number dying within the same group.

In first admissions "with mental disorder" we notice the three age groups up to 39 years showing comparable death rates of 19, 17 and 20 per 1,000 under treatment. The 40-49 year age group shows a jump to a death rate of 29, the 50-59 year group a rise to 50, the 60-69 year group to 84, the 70-79 year group to 176 and the 80 years plus group to 342. In six out of the eight age groups, the males show a higher death rate than the females, the exceptions being the 0-19 year group and the 30-39 year group.

The readmissions show low death rates up to 50 years. The 50-59 year group shows a rate of 36, the 60-69 year group a rate of 61, the 70-79 year group a rate of 138 and the 80 years plus group a rate of 243. It will be observed that these death rates are lower than those of the first admissions. While death rates were consistently higher in the males in the first admissions, the readmissions show four out of eight age groups with higher death rates in the females. This occurs in the groups aged 0-19 years, 30-39 years, 40-49 years and 80 years plus.

We now consider the death rates in the various age groups of specific psychoses in first admissions. In the group 0-19 years, the high death rate, 200, is shown by other metabolic diseases. In the 20-29 years group, the high death rate, 200, is shown by other forms of syphilis. In the 30-39 year group, other disturbances of circulation with 500 and other infectious diseases with 333 present the high death rates. In the group 40-49 years, due to new growth, with a death rate of 500, and other disturbances of circulation with 250, are high. In the 50-59 year group, psychoses due to new growth, 600, and due to drugs, 250, are high. In the group 60-69 years, psychoses due to new growth with 500 and other disturbances of circulation with 428 are high. In the 70-79 year group the high death rates are shown by other metabolic diseases, 500, and organic changes of the nervous system, 285. In the 80 years plus group organic changes of the nervous system, other infectious diseases and other disturbances of circulation, with death rates of 1,000 each, are high. The psychoses involving the circulatory system are showing high death rates, whatever the age group.

ECONOMIC STATUS OF DEATHS, 1938: DEATH RATES PER 1,000 UNDER TREATMENT

Table 59 tests the possible influence of economic condition upon the death rates of mental patients, by first admissions and readmissions. In 1938, 3,760 first admissions under treatment were classified as dependent in economic status. Of these 346 died, giving a death rate of 92 per 1,000 under treatment. This was the high death rate of the first admission group. The marginal show a lower rate of 56, while the comfortable present the low rate of 51. Here we have the low death rate in the upper economic group. In the dependent first admissions, the females show a death rate of 101, which is 20% higher than the rate of 84 for the males. In the marginal first admissions the death rates are practically identical for the two sexes, 57 for males and 56 for females. In the comfortable group the male death rate of 64 is 60% higher than the female rate of 40. Dependent economic status is associated with the high death rate in mental disorders.

In the readmissions the dependent group shows the high death rate of 51. The comfortable group is lower with a death rate of 38 and the marginal still lower with 37. In readmissions the males show higher death rates than the females in both the dependent and comfortable groups. In the marginal group, the females show higher death rates.

MARITAL CONDITION OF DEATHS, 1938: DEATH RATES PER 1,000 UNDER TREATMENT

Table 60 outlines the death rates in the marital status groups of first admissions and readmissions dying in mental hospitals during 1938. In first admissions the low death rate of 37 per 1,000 under treatment occurs in the single. Next in order are the sepa-

TABLE 58. — *Death Rates per 1,000 Under Treatment,¹ First and Readmissions Dying, 1938, by Present Age and Diagnosis*

DIAGNOSES	TOTAL			0-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to new growth:															
First admissions	500	500	500	—	—	—	—	—	—	—	—	—	1,000	—	500
Readmissions	666	333	500	—	—	—	—	—	—	1,000	—	500	—	—	—
With other disturbances of circulation:															
First admissions	294	305	300	—	—	—	—	—	—	333	1,000	500	—	333	250
Readmissions	200	111	142	—	—	—	—	—	—	—	—	—	—	500	500
With cerebral arteriosclerosis:															
First admissions	266	260	263	—	—	—	—	—	—	—	—	—	400	—	181
Readmissions	205	125	165	—	—	—	—	—	—	—	—	—	—	—	—
Senile psychoses:															
First admissions	254	253	253	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	255	242	247	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.:															
First admissions	225	191	206	—	200	200	200	—	47	133	—	90	133	166	148
Readmissions	111	41	60	—	—	—	—	—	—	1,000	—	166	—	—	—
With other infectious diseases:															
First admissions	153	142	148	—	—	—	—	—	—	—	500	333	250	—	166
Readmissions	1,000	—	333	—	—	—	—	—	—	1,000	—	1,000	—	—	—
With organic changes of nervous system:															
First admissions	152	102	133	—	—	—	—	—	58	43	250	114	137	111	127
Readmissions	76	83	79	—	—	—	—	—	—	—	—	—	500	86	—
With syphilitic meningo-encephalitis:															
First admissions	104	92	102	—	—	—	58	—	45	45	50	46	87	17	71
Readmissions	46	36	44	—	—	—	—	—	—	100	—	74	45	52	48
Involuntional psychoses:															
First admissions	123	70	86	—	—	—	—	—	—	—	—	—	52	80	75
Readmissions	98	50	64	—	—	—	—	—	—	—	—	—	142	—	24
With other forms of syphilis:															
First admissions	67	117	83	—	—	—	—	—	200	—	—	—	76	—	57
Readmissions	43	—	28	—	—	—	333	—	—	—	—	—	—	—	—
With epidemic encephalitis:															
First admissions	107	43	78	—	—	—	—	—	62	125	250	166	200	—	100
Readmissions	54	—	38	—	—	—	76	—	—	—	—	—	250	—	166
Due to drugs, etc.:															
First admissions	62	90	78	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	100	47	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy):															
First admissions	62	27	44	—	—	—	42	—	21	31	35	33	35	28	31
Readmissions	39	74	55	—	153	86	85	66	78	18	61	38	12	45	24
Alcoholic psychoses:															
First admissions	41	32	40	—	—	—	—	—	20	17	68	25	42	—	38
Readmissions	46	103	55	—	—	—	—	—	—	35	—	30	—	—	—

TABLE 58. — *Death Rates per 1,000 Under Treatment,¹ First and Readmissions Dying, 1938, by Present Age and Diagnosis — Concluded*

DIAGNOSES	50-59 YEARS			60-69 YEARS			70-79 YEARS			80 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Due to new growth:												
First admissions	—	750	600	500	500	500	—	—	—	—	—	—
Readmissions	500	1,000	666	—	—	—	—	—	—	—	—	—
With other disturbances of circulation:												
First admissions	333	—	214	454	400	428	142	166	153	—	1,000	1,000
Readmissions	—	—	—	—	—	—	1,000	—	333	—	—	—
With cerebral arteriosclerosis:												
First admissions	243	187	215	214	199	207	254	276	265	460	407	432
Readmissions	187	142	162	172	92	131	285	115	203	150	285	219
Senile psychoses:												
First admissions	250	—	71	74	163	131	264	212	232	336	388	368
Readmissions	—	—	—	153	214	185	333	264	290	250	238	241
Due to other metabolic diseases, etc.:												
First admissions	222	166	190	285	375	342	750	333	500	—	—	—
Readmissions	—	166	166	—	—	—	—	—	—	—	—	—
With other infectious diseases:												
First admissions	—	—	—	—	—	—	—	—	—	1,000	—	1,000
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system:												
First admissions	200	47	154	176	83	121	333	—	285	1,000	—	1,000
Readmissions	200	—	117	142	—	90	1,000	500	666	—	—	—
With syphilitic meningo-encephalitis:												
First admissions	130	95	123	152	333	200	363	142	222	—	—	—
Readmissions	35	—	28	45	90	60	—	—	—	—	—	—
Involuntal psychoses:												
First admissions	205	76	112	75	64	69	—	—	—	—	—	—
Readmissions	40	49	46	86	81	83	333	125	214	—	—	—
With other forms of syphilis:												
First admissions	40	100	57	133	285	181	—	—	—	—	—	—
Readmissions	—	—	—	172	—	125	—	—	—	—	—	—
With epidemic encephalitis:												
First admissions	200	—	166	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs, etc.:												
First admissions	333	200	250	—	333	250	—	—	—	—	—	—
Readmissions	—	250	166	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy):												
First admissions	180	16	90	27	21	24	105	95	100	—	—	—
Readmissions	75	65	70	45	45	45	—	333	166	—	—	—
Alcoholic psychoses:												
First admissions	38	—	34	44	52	45	91	—	75	76	—	71
Readmissions	46	181	68	56	66	58	98	250	115	428	—	375

Manic-depressive psychoses:											
First admissions	34	63	50	—	36	21	107	86	94	—	250
Readmissions	33	23	26	72	69	70	63	71	68	384	250
Psychoneuroses:											
First admissions	—	54	24	166	90	58	250	—	166	—	—
Readmissions	47	—	29	—	—	—	—	1,000	500	—	—
Paranoia and paranoid conditions:											
First admissions	55	20	33	29	21	23	52	50	50	—	83
Readmissions	33	—	12	—	—	—	83	38	52	—	200
Traumatic psychoses:											
First admissions	—	200	55	—	—	—	333	—	166	—	—
Readmissions	250	—	250	—	—	—	—	—	—	—	—
With mental deficiency:											
First admissions	12	27	18	54	31	44	86	272	147	—	—
Readmissions	34	29	32	85	87	86	83	90	88	750	500
Dementia praecox:											
First admissions	14	9	11	17	19	18	50	27	34	55	62
Readmissions	29	25	26	52	40	45	132	131	131	71	288
With psychopathic personality:											
First admissions	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	90	—	71	—	—	—	—	—
Undiagnosed psychoses:											
First admissions	—	—	—	—	—	—	—	1,000	1,000	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—
Without psychoses:											
First admissions	27	—	20	34	—	23	76	—	47	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders:											
First admissions	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder:											
First admissions	59	39	50	87	82	84	193	162	176	350	335
Readmissions	40	32	36	69	54	61	154	127	138	242	244
Total Without Mental Disorder:											
First admissions	26	—	20	32	—	22	76	—	47	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—
Grand Total:											
First admissions	58	38	49	86	82	84	191	161	175	347	339
Readmissions	39	32	35	68	54	60	153	126	138	239	240

¹Cases under treatment include the resident population on September 30, 1938, plus discharges and deaths during the year 1938.

²This classification presents a number of patients in residence but no deaths. These patients increase the numbers under treatment and thus reduce the death rates below.

rated with a death rate of 61, the divorced with 63, the married with 73 and the widowed with 178. While the single show younger age distributions and the widowed show older age distributions, the married, the divorced and the separated are on similar age levels and are comparable. In the single, the females show death rates higher than the males. In the married, the widowed, the divorced and the separated, the males show decidedly higher death rates than the females.

TABLE 59. — *Economic Status of First and Readmissions who Died, 1938, by Sex: Death Rates per 1,000 Under Treatment*

ECONOMIC STATUS	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:									
Under Treatment . . .	3,274	2,474	5,748	2,121	1,639	3,760	1,153	835	1,988
Deaths . . .	241	208	449	179	167	346	62	41	103
Rate per 1,000 . . .	73.6	84.0	78.1	84.3	101.8	92.0	53.7	49.1	51.8
Marginal									
Under Treatment . . .	11,379	10,881	22,260	6,839	6,348	13,187	4,540	4,533	9,073
Deaths . . .	542	546	1,088	392	359	751	150	187	337
Rate per 1,000 . . .	47.6	50.1	48.8	57.3	56.5	56.9	33.0	41.2	37.1
Comfortable:									
Under Treatment . . .	605	866	1,471	385	496	881	220	370	590
Deaths . . .	36	32	68	25	20	45	11	12	23
Rate per 1,000 . . .	59.5	36.9	46.2	64.9	40.3	51.0	50.0	32.4	38.9
Unknown:									
Under Treatment . . .	359	301	660	275	239	514	84	62	146
Deaths . . .	54	45	99	50	40	90	4	5	9
Rate per 1,000 . . .	150.4	149.5	150.0	181.8	167.3	175.0	47.6	80.6	61.6
Total:									
Under Treatment . . .	15,617	14,522	30,139	9,620	8,722	18,342	5,997	5,800	11,797
Deaths . . .	873	831	1,704	646	586	1,232	227	245	472
Rate per 1,000 . . .	55.9	57.2	56.5	67.1	67.1	67.1	37.8	42.2	40.0

Death Rate, General Population of Massachusetts, 1938, 11.1 per 1,000 population.

TABLE 60. — *Marital Condition of First and Readmissions who Died, 1938, by Sex: Death Rates per 1,000 Under Treatment*

MARITAL CONDITION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single:									
Under Treatment . . .	9,261	6,483	15,744	5,378	3,754	9,132	3,883	2,729	6,612
Deaths . . .	306	250	556	196	144	340	110	106	216
Rate per 1,000 . . .	33.0	38.5	35.3	36.4	38.3	37.2	28.3	38.8	32.6
Married:									
Under Treatment . . .	4,632	5,414	10,046	3,008	3,196	6,204	1,624	2,218	3,842
Deaths . . .	345	277	622	264	189	453	81	88	169
Rate per 1,000 . . .	74.4	51.1	61.9	87.7	59.1	73.0	49.8	39.6	43.9
Widowed:									
Under Treatment . . .	1,002	1,906	2,908	774	1,382	2,156	228	524	752
Deaths . . .	175	268	443	152	232	384	23	36	59
Rate per 1,000 . . .	174.6	140.6	152.3	196.3	167.8	178.1	100.8	68.7	78.4
Divorced:									
Under Treatment . . .	415	411	826	261	226	487	154	185	339
Deaths . . .	25	25	50	17	14	31	8	11	19
Rate per 1,000 . . .	60.2	60.8	60.5	65.1	61.9	63.6	51.9	59.4	56.0
Separated:									
Under Treatment . . .	262	288	550	162	148	310	100	140	240
Deaths . . .	17	9	26	14	5	19	3	4	7
Rate per 1,000 . . .	64.8	31.2	47.2	86.4	33.7	61.2	30.0	28.5	29.1
Unknown:									
Under Treatment . . .	45	20	65	37	16	53	8	4	12
Deaths . . .	5	2	7	3	2	5	2	—	2
Rate per 1,000 . . .	111.1	100.0	107.6	81.0	125.0	94.3	250.0	—	166.6
Total:									
Under Treatment . . .	15,617	14,522	30,139	9,620	8,722	18,342	5,997	5,800	11,797
Deaths . . .	873	831	1,704	646	586	1,232	227	245	472
Rate per 1,000 . . .	55.9	57.2	56.5	67.1	67.1	67.1	37.8	42.2	40.0

In readmissions, the low death rate of 29 occurs in the separated. Then we have the single with a death rate of 32, the married 43, the divorced 56 and the widowed 78. In the single and the divorced, the females show higher death rates than the males. In the married, the widowed and the separated the males show distinctly higher rates. In readmissions the death rates of the various marital groups show a lesser spread than in first admissions. If marital status influences death rates, the effect is more pronounced in first admissions than in readmissions.

COUNTRY OF BIRTH OF PATIENTS DYING, 1938: RATES PER 1,000 UNDER TREATMENT

Table 61 presents the death rates of first admissions and readmissions dying during 1938, by country of birth. Three hundred ninety-two patients born in England were under treatment in mental hospitals during 1938. Of these 61 died, giving the high death rate of 155 per 1,000 under treatment. In order follow Scotland with a death rate of 138, Sweden with 98, Ireland with 94, Canada with 93 and Germany with 87. The United States presents a death rate of 59. The low rates are shown by Russia, Poland and Austria with death rates of 44, 31 and 21 respectively.

TABLE 61. — *Deaths in First and Readmissions during 1938, by Country of Birth: Death Rates per 1,000 Under Treatment*

COUNTRY OF BIRTH	FIRST ADMISSIONS			READMISSIONS		
	Total Under Treatment	Total Deaths	Rate per 1,000	Total Under Treatment	Total Deaths	Rate per 1,000
England	392	61	155.6	198	16	80.8
Scotland	137	19	138.6	76	4	52.6
Sweden	203	20	98.5	121	7	57.8
Ireland	1,428	135	94.5	831	60	72.2
Canada ¹	1,515	142	93.7	708	33	46.6
Germany	126	11	87.3	76	3	39.4
Portugal	235	20	85.1	81	6	74.0
Finland	116	7	60.3	61	3	49.1
United States	11,637	695	59.7	8,040	289	35.9
Greece	106	5	47.1	59	1	16.9
Italy	667	31	46.4	405	12	29.6
Russia	450	20	44.4	432	10	23.1
Poland	535	17	31.7	237	9	37.9
Austria	141	3	21.2	61	2	32.7
All other countries	654	46	70.3	411	17	41.3
Total	18,342	1,232	67.1	11,797	472	40.0

(See Table 230 for detail)

¹Includes Newfoundland.

In readmissions the high death rate of 80 occurs in natives of England. In order follow Portugal with 74, Ireland with 72, Sweden with 57 and Scotland with 52. Italy, Russia and Greece show the low death rates of 29, 23 and 16 respectively.

TABLE 62. — *Death Rates of First and Readmissions Under Treatment in Hospitals for Mental Disorders, 1938, by Number of This Admission and Sex*

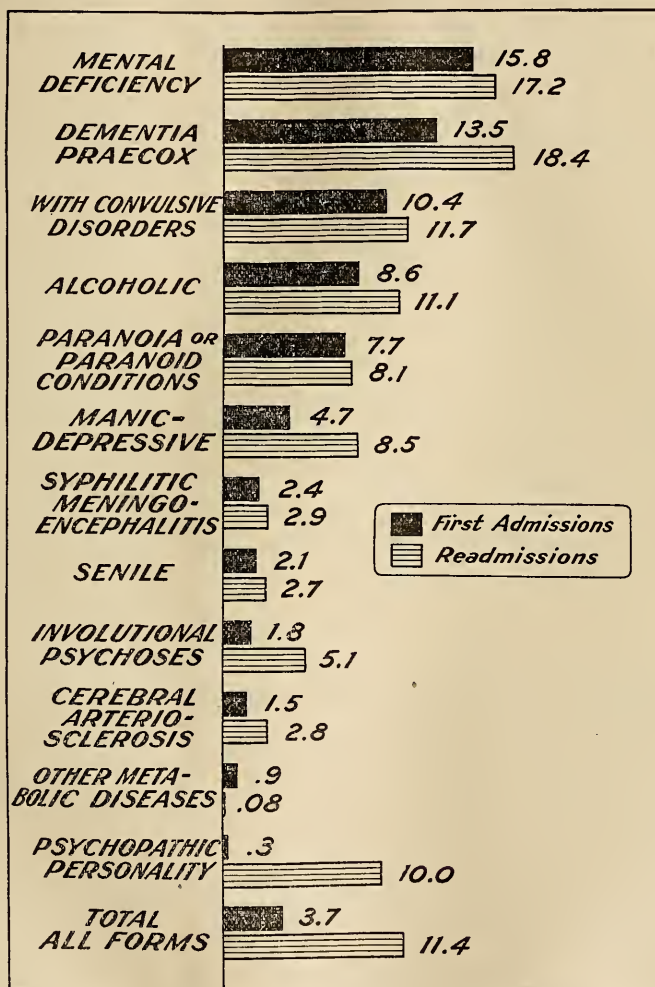
NUMBER OF THIS ADMISSION	CASES UNDER TREATMENT			DEATHS			RATE PER 1,000		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
First	9,620	8,722	18,342	646	586	1,232	67.1	67.1	67.1
Second	1,849	1,636	3,485	131	112	243	70.8	68.4	69.7
Third	2,352	2,262	4,614	55	72	127	23.3	31.8	27.5
Fourth	957	1,011	1,968	27	27	54	28.2	26.7	27.4
Fifth	415	451	866	5	23	28	12.0	50.9	32.3
Sixth	188	193	381	7	6	13	37.2	31.0	34.1
Seventh	108	104	212	—	1	1	—	9.6	4.7
Eighth	44	58	102	—	3	3	—	51.7	29.4
Ninth	30	36	66	—	—	—	—	—	—
Tenth	18	18	36	2	—	2	111.1	—	55.5
Eleventh	8	9	17	—	—	—	—	—	—
Twelfth or over	28	22	50	—	1	1	—	45.4	20.0
Total	15,617	14,522	30,139	873	831	1,704	55.9	57.2	56.5

TABLE 63. — *Average Length of Hospital Stay during THIS Admission, First and Readmissions Dying, 1938, by Diagnosis and Sex*

DIAGNOSES	AVERAGE HOSPITAL STAY IN YEARS											
	Total — All Deaths			First Admissions			Position	Readmissions			Position	
	M.	F.	T.	M.	F.	T.		M.	F.	T.		
With mental deficiency	17.81	15.10	16.61	15.71	16.15	15.89	1	19.90	14.23	17.20	2	
Dementia praecox	17.29	15.90	16.50	15.32	11.98	13.59	2	18.83	18.13	18.41	1	
With convulsive disorders (epilepsy)	10.47	12.34	11.10	9.93	11.67	10.49	3	10.32	12.72	11.74	3	
Alcoholic psychoses	10.47	5.80	9.64	9.60	11.02	8.65	4	12.08	8.67	11.13	4	
Paranoia and paranoid conditions	3.42	12.80	7.89	3.84	11.64	7.74	5	2.68	15.50	8.17	7	
Due to drugs, etc.	5.20	6.68	5.06	3.20	10.00	6.73	6	.04	.04	.04	21	
Without psychoses	5.39	—	5.39	6.28	—	6.28	7	.04	—	.04	22	
Manic-depressive psychoses	7.08	7.05	7.06	4.87	4.64	4.72	8	8.32	8.63	8.51	6	
Psychoneuroses	5.24	2.64	3.84	6.24	.90	3.57	9	.29	7.00	4.76	11	
With epidemic encephalitis	4.10	2.50	3.83	3.83	2.50	3.50	10	4.50	—	4.50	12	
With other forms of syphilis	2.25	3.62	2.80	2.61	3.62	3.06	11	.46	—	.46	19	
With syphilitic meningo-encephalitis	2.39	3.02	2.51	2.31	3.02	2.45	12	2.92	3.00	2.93	14	
Senile psychoses	2.62	1.97	2.21	2.56	1.90	2.15	13	3.09	2.49	2.72	16	
Involutional psychoses	2.38	2.71	2.57	1.61	1.99	1.83	14	5.05	5.15	5.11	10	
With organic changes of nervous system	1.62	4.54	2.52	1.04	3.82	1.82	15	5.00	6.70	5.73	9	
With cerebral arteriosclerosis	1.60	1.70	1.64	1.38	1.65	1.51	16	3.20	2.20	2.81	15	
Due to other metabolic diseases, etc. . . . .	.47	1.25	.88	.50	1.31	.93	17	.04	.12	.08	20
With other infectious diseases . . . . .	.26	1.27	.66	.04	1.27	.65	18	.71	—	.71	18
With other disturbances of circulation . . . . .	.36	.94	.66	.14	1.02	.60	19	2.50	.04	1.27	17
With psychopathic personality	16.43	2.55	8.10	.37	—	.37	20	32.50	2.55	10.04	5	
Undiagnosed psychoses . . . . .	.07	.20	.09	.07	.20	.09	21	—	—	—	23
Traumatic psychoses	2.85	.04	2.15	.12	.04	.08	22	4.22	—	4.22	13	
Due to new growth	4.55	.22	2.14	.12	.04	.06	23	8.98	.94	6.30	8	
Total With Mental Disorder	5.91	5.92	5.91	4.06	3.46	3.77		11.14	11.80	11.49		
Total Without Mental Disorder	5.39	—	5.39	6.28	—	6.28		.04	—	.04		
Grand Total	5.91	5.92	5.91	4.08	3.46	3.79		11.09	11.80	11.46		

NUMBER OF THIS ADMISSION IN DEATHS, 1938: DEATH RATES PER 1,000
UNDER TREATMENT

Table 62 presents the death rates of all first admissions and readmissions dying during 1938, in accordance with the number of the present admission. Excluding the admissions showing less than 100 cases under treatment (those having nine or more admissions) we note that the high death rate of 69 occurs in second admissions. First admissions with a death rate of 67 and sixth admissions with 34 follow. Then in order we see fifth admissions, eighth admissions, third admissions and fourth admissions, showing death rates of 32, 29, 27 and 27 respectively.



GRAPH 5. — LENGTH OF TIME IN RESIDENCE DURING THIS ADMISSION OF CERTAIN PSYCHOSES, ALL FIRST ADMISSIONS AND READMISSIONS DYING, 1938: AVERAGES IN YEARS

LENGTH OF HOSPITAL STAY DURING THIS ADMISSION OF DEATHS, 1938:
BY DIAGNOSIS

Table 63 and Graph 5 show the length of hospital stay of first admissions and readmissions dying during 1938, by diagnosis. In first admissions the group "with mental disorder" remained 3.7 years previous to death. In readmissions this same group re-

mained 11.4 years during the present admission. In first admissions mental deficiency shows the long hospital stay of 15.8 years previous to death. Dementia praecox presents a residence of 13.5 years, convulsive disorders 10.4 years, alcoholic psychoses 8.6 years, paranoia 7.7 years and due to drugs 6.7 years. The shorter hospital residences previous to death are shown by psychopathic personality with .37 years, undiagnosed psychoses .09 years, traumatic psychoses .08 years and psychoses due to new growth .06 years. In four out of the six psychoses showing long hospital residences before death, the females show a hospital stay which exceeds that of the males.

LENGTH OF HOSPITAL STAY DURING THE PRESENT ADMISSION AND PREVIOUS
ADMISSIONS, READMISSIONS DYING DURING 1938, BY DIAGNOSIS

Table 64 presents the length of time spent in hospital during their present admission, by readmitted patients who died during 1938 and compares this with the total time they spent in hospital during all previous admissions. The data are important as they give the complete hospital history of these patients. The group "with mental disorder" spent an average of 11.4 years in hospital during the present admission previous to death. The same patients had been in hospital an average of 3.7 years previous to the present admission, giving them a total hospital residence during their lives of 15.1 years. If we consider this total of all admissions together, we see dementia praecox showing the longest period of time in hospital, 24.3 years. Other totals are 23.4 years for mental deficiency, 14.6 years for convulsive disorders, 14.1 years for alcoholic psychoses, 11.4 years for paranoia, and 11.3 years for manic-depressive psychoses. The short total hospital residences during life are shown by the psychoses due to other metabolic diseases with 1.1 years, other infectious diseases .79 years, other forms of syphilis .71 years and psychoses due to drugs .20 years. As we view the five or six psychoses showing the long total hospital stay, we note a tendency towards shorter periods of residence in the previous admissions and a longer period in the last admission. Viewing the psychoses at the bottom of this table, those showing the short total hospital stay, we note the previous admissions tend to make up a larger proportion of the total time while the present admission tends to be relatively short.

TABLE 64. — *Average Length of Hospital Stay during the Present Admission and Previous Admissions, Readmissions Dying, 1938, by Diagnosis and Sex.*

DIAGNOSES	ALL ADMISSIONS			THIS ADMISSION			PREVIOUS ADMISSION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dementia praecox	23.67	24.75	24.32	18.83	18.13	18.41	4.84	6.62	5.91
With mental deficiency	25.42	21.04	23.40	19.90	14.23	17.20	5.52	6.81	6.20
With convulsive disorders (epilepsy)	11.59	16.80	14.68	10.32	12.72	11.74	1.27	4.08	2.94
Alcoholic psychoses	13.91	14.73	14.14	12.08	8.67	11.13	1.83	6.06	3.01
Paranoia and paranoid conditions	5.57	19.33	11.47	2.68	15.50	8.17	2.89	3.83	3.30
Manic-depressive psychoses	10.85	11.70	11.38	8.32	8.63	8.51	2.53	3.07	2.87
With psychopathic personality	32.50	3.06	10.42	32.50	2.55	10.04	—	.51	.38
Psychoneuroses . . . . .	.46	15.00	10.15	.29	7.00	4.76	.17	8.00	5.39
Due to new growth	8.98	7.50	8.48	8.98	.94	6.30	—	6.56	2.18
With organic changes of nervous system	5.00	11.73	7.88	5.00	6.70	5.73	—	5.03	2.15
Involuntal psychoses	6.77	7.97	7.46	5.05	5.15	5.11	1.72	2.82	2.35
With epidemic encephalitis	5.00	—	5.00	4.50	—	4.50	.50	—	.50
Traumatic psychoses	4.50	—	4.50	4.22	—	4.22	.28	—	.28
With syphilitic meningo-encephalitis	4.02	4.50	4.11	2.92	3.00	2.93	1.10	1.50	1.18
Senile psychoses	4.91	3.34	3.96	3.09	2.49	2.72	1.82	.85	1.24
With cerebral arteriosclerosis	3.77	3.58	3.69	3.20	2.20	2.81	.57	1.38	.88
With other disturbances of circulation	3.50	1.50	2.50	2.50	.04	1.27	1.00	1.46	1.23
Due to other metabolic diseases, etc.	1.50	.87	1.18	.04	.12	.08	1.46	.75	1.10
With other infectious diseases . . . . .	.79	—	.79	.71	—	.71	.08	—	.08
With other forms of syphilis . . . . .	.71	—	.71	.46	—	.46	.25	—	.25
Due to drugs, etc.	—	.20	.20	—	.04	.04	—	.16	.16
Without psychoses . . . . .	.12	—	.12	.04	—	.04	.08	—	.08
Total With Mental Disorder	13.85	16.42	15.19	11.14	11.80	11.49	2.71	4.62	3.70
Total Without Mental Disorder . . . . .	.12	—	.12	.04	—	.04	.08	—	.08
Grand Total	13.79	16.42	15.16	11.09	11.80	11.46	2.70	4.62	3.70

LENGTH OF HOSPITAL STAY DURING THIS ADMISSION OF DEATHS, 1938, BY HOSPITAL

Table 65 shows the length of hospital stay of cases dying in various hospitals during 1938. The Psychopathic Hospital shows a short stay of .05 years in the first admissions and .04 years in the readmissions. Of the active admitting hospitals, Westborough presents the longest hospital stay for first admissions, 4.2 years. Worcester follows with 3.5 years, Boston State shows 3.2 years and Foxborough 3.1 years. Monson shows a long average residence of 12.1 years. Among the transfer hospitals, the longest average residence, 4.9 years, is found at Grafton.

In readmissions the long hospital residences previous to death are shown by Taunton and Worcester with averages of 10.1 years and 8.6 years respectively. The average residence at Monson, 10.1 years, is shorter than that for first admissions. The transfer hospitals show long average residences, 19.6 years for Medfield, 18.8 years for Grafton and 15.3 years for Gardner.

TABLE 65. — *Length of Time in Residence During This Admission, First and Readmissions Dying 1938, by Hospital: Averages in Years*

HOSPITALS	LENGTH OF HOSPITAL STAY		
	Total Deaths	First Admissions	Readmissions
Boston Psychopathic . . . . .	.05	.05	.04
Worcester	4.68	3.54	8.60
Westborough	4.62	4.25	5.94
Taunton	4.35	2.91	10.16
Boston State	4.17	3.26	8.06
Foxborough	3.90	3.11	8.00
Northampton	3.52	3.06	6.92
Danvers	3.06	2.53	5.38
Grafton	16.96	4.93	18.81
Medfield	11.73	1.40	19.61
Monson	11.49	12.18	10.10
Gardner	8.45	2.51	15.38
Metropolitan	4.48	—	4.48
Bridgewater	26.89	25.41	31.50
Tewksbury	18.53	15.83	22.58
Veterans' Adm. Facility No. 95	7.05	2.50	8.57
McLean	3.99	3.28	7.50
Veterans' Adm. Facility No. 107	3.00	2.45	3.44
Total	5.91	3.79	11.46

TABLE 66. — *Length of Time in Residence During THIS Admission, First and Readmissions Dying, 1938, by Age at Admission and Sex: Averages in Years*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
0-19 years	13.00	7.30	10.67	14.11	3.15	10.20	10.50	12.50	11.50
20-29 years	15.81	8.27	12.66	12.36	6.39	10.04	20.75	10.34	16.04
30-39 years	14.95	13.94	14.51	11.68	8.27	10.28	18.15	18.71	18.40
40-49 years	9.23	13.09	10.97	6.91	9.25	7.70	14.13	15.93	15.20
50-59 years	3.99	7.45	5.80	2.93	5.84	4.35	6.87	10.26	8.89
60-69 years	3.06	3.52	3.28	2.66	2.44	2.56	4.25	6.97	5.52
70-79 years	1.63	1.72	1.67	1.38	1.53	1.46	3.25	3.38	3.31
80-89 years . . . . .	.83	.90	.87	.79	.81	.80	1.75	2.04	1.95
90 years and over . . . . .	.59	.30	.37	.28	.28	.28	1.50	.62	1.06
Total	5.91	5.92	5.91	4.08	3.46	3.79	11.09	11.80	11.46

(See Tables 225 and 226 for detail)

LENGTH OF HOSPITAL STAY OF DEATHS, 1938, BY AGE AT ADMISSION

Table 66 shows the length of time in hospital during the present admission of patients dying during 1938, by age at admission. In first admissions patients admitted under the age of 40 years remained in hospital an average of 10 years before death. Those admitted in the ages 40-49 years remained 7 years and those admitted in the ages 50-59 years 4 years. A certain proportion of patients admitted under the age of 40 remain a long time in hospital prior to death; yet we remember that this same age span shows high

TABLE 67. — Age at Death, First and Readmissions Dying, 1938, by Diagnosis and Sex: Averages in Years

DIAGNOSES	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Senile psychoses	92	151	243	78.6	78.6	78.6	81	134	215	78.8	78.9	78.9	11	17	28	77.0	75.7	76.2
With cerebral arteriosclerosis	287	258	545	72.5	73.5	72.9	252	236	488	72.8	73.6	73.2	35	22	57	70.0	72.2	70.9
Traumatic psychoses	3	1	4	62.5	57.5	61.2	1	1	2	72.5	57.5	65.0	2	—	2	57.5	—	57.5
Paranoia and paranoid conditions	11	10	21	55.2	68.5	61.5	7	7	14	55.3	68.9	62.1	4	3	7	55.0	67.5	60.3
With other disturbances of circulation	11	12	23	62.5	57.5	59.8	10	11	21	61.0	58.8	59.8	1	1	2	77.5	42.5	60.0
Due to drugs, etc.	1	3	4	57.5	59.1	58.7	1	2	3	57.5	60.0	59.1	—	1	1	—	57.5	57.5
Alcoholic psychoses	74	16	90	60.7	57.5	60.1	48	6	54	59.0	49.1	57.9	26	10	36	63.8	62.5	63.4
Due to other metabolic diseases, etc.	17	19	36	54.8	59.0	57.0	16	18	34	56.2	59.4	57.9	1	1	2	32.5	52.5	42.5
Due to new growth	4	5	9	51.2	58.5	55.2	2	4	6	55.0	58.7	57.5	2	1	3	47.5	57.5	50.8
Involutional psychoses	27	35	62	59.1	56.2	57.5	21	27	48	57.7	54.1	55.7	6	8	14	64.1	63.1	63.5
With organic deficiency	28	22	50	56.4	59.7	57.9	14	10	24	52.8	59.5	55.6	14	12	26	60.0	60.0	60.0
With manic changes of nervous system	27	12	39	59.7	47.5	55.9	23	9	32	59.2	45.2	55.3	4	3	7	62.5	54.1	58.9
Manic-depressive psychoses	39	68	107	59.4	58.8	59.0	14	27	41	52.1	55.8	54.5	25	41	66	63.5	60.9	61.8
With syphilitic meningo-encephalitis	65	16	81	52.3	58.4	53.5	56	14	70	53.1	58.9	54.2	9	2	11	47.5	55.0	48.8
Without psychoses	7	—	7	52.5	—	52.5	6	—	6	53.3	—	53.3	1	—	1	—	—	47.5
With other forms of syphilis	6	4	10	55.8	50.0	53.5	5	4	9	54.5	50.0	52.5	1	—	1	62.5	—	62.5
Psychoneuroses	6	7	13	57.5	51.7	54.4	5	5	10	57.5	45.5	51.5	1	—	1	32.5	67.5	64.1
With other infectious diseases	3	2	5	54.1	37.5	47.5	2	2	4	65.0	37.5	51.2	1	—	1	—	—	37.5
Dementia praecox	123	160	283	53.1	57.5	56.7	54	58	112	48.1	52.9	50.6	69	102	171	57.0	63.2	60.7
Undiagnosed psychoses	5	1	6	43.5	72.5	50.0	5	1	6	45.5	72.5	50.0	—	—	—	—	—	—
With convulsive disorders (epilepsy)	30	25	55	46.5	46.9	46.6	19	9	28	48.5	49.7	48.9	11	16	27	42.9	45.3	44.3
With epidemic encephalitis	5	1	6	42.5	37.5	41.0	3	1	4	45.8	37.5	43.7	2	—	2	37.5	—	37.5
With psychopathic personality	2	3	5	47.5	30.8	37.5	1	—	1	27.5	—	27.5	1	3	4	67.5	30.8	40.0
Total With Mental Disorder	866	831	1,697	63.5	66.3	64.9	640	586	1,226	64.5	67.9	66.1	226	245	471	60.6	62.5	61.6
Total Without Mental Disorder	7	—	7	52.5	—	52.5	6	—	6	53.3	—	53.3	1	—	1	47.5	—	47.5
Grand Total	873	831	1,704	63.4	66.3	64.8	646	586	1,232	64.4	67.9	66.1	227	245	472	60.5	62.5	61.5

(See Tables 219 and 220 for detail)

TABLE 68. — *Age at Death of First and Readmissions Dying, 1938, by Hospital and Sex: Averages in Years*

HOSPITALS	TOTAL DEATHS						FIRST ADMISSIONS						READMISSIONS					
	NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE			NUMBER			AVERAGE AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	18	7	25	45.2	44.6	43.7	17	6	23	46.0	45.8	45.9	1	1	2	32.5	37.5	35.0
Boston Psychopathic																		
Westborough	70	79	149	66.3	65.9	66.1	54	62	116	68.3	67.6	67.9	16	17	33	59.7	59.5	59.6
Foxborough	31	44	75	65.7	67.9	67.0	24	39	63	66.2	68.4	67.5	7	5	12	63.9	64.5	64.1
Boston State	123	118	241	64.3	66.7	65.5	106	89	195	66.1	69.2	67.5	17	29	46	53.0	59.0	56.8
Taunton	81	85	166	67.3	66.2	66.7	66	67	133	66.8	67.5	67.2	15	18	33	69.5	61.1	64.9
Northampton	85	82	167	64.9	67.6	66.2	76	71	147	65.8	67.6	66.7	9	11	20	56.9	67.9	63.0
Worcester	105	108	213	64.5	66.3	65.4	80	85	165	65.0	67.5	66.3	25	23	48	62.9	61.8	62.4
Danvers	137	139	276	63.0	66.7	64.9	114	111	225	63.2	68.2	65.7	23	28	51	62.0	60.8	61.4
Gardner	38	40	78	67.7	67.8	67.8	22	20	42	71.8	69.7	70.8	16	20	36	62.2	66.0	64.3
Medfield	47	50	97	63.0	68.9	66.0	22	20	42	64.7	74.0	69.1	25	30	55	61.5	65.5	63.6
Grafton	32	43	75	60.4	67.2	64.3	15	5	10	54.5	56.5	55.5	27	38	65	61.5	68.6	65.7
Monson	18	12	30	48.6	43.0	47.1	15	5	20	51.8	56.3	53.0	3	7	10	32.5	36.8	35.5
Metropolitan	19	13	32	62.7	61.7	62.3	—	—	—	—	—	—	19	13	32	62.7	61.7	62.3
McLean	5	1	6	64.6	82.5	67.5	4	1	5	67.6	82.5	70.6	1	—	1	52.5	—	52.5
Tewksbury	5	10	15	70.5	62.5	65.1	4	5	9	63.7	64.5	66.3	1	5	6	77.5	60.5	63.3
Bridgewater	37	—	37	62.7	—	62.7	28	—	28	60.8	—	60.8	0	—	0	68.6	—	68.6
Veterans' Adm. Facility No. 107	18	—	18	49.4	—	49.4	8	—	8	50.6	—	50.6	10	—	10	48.5	—	48.5
Veterans' Adm. Facility No. 95	4	—	4	42.5	—	42.5	1	—	1	37.5	—	37.5	3	—	3	44.1	—	44.1
Total	873	831	1,704	63.4	66.3	64.8	646	586	1,232	64.4	67.9	66.1	227	245	472	60.5	62.5	61.5
Percent	100.0	100.0	100.0				73.9	70.5	72.3				26.0	29.4	27.6			

(See Tables 221 and 222 for detail)

discharge rates. The males show the longer hospital stay in patients admitted under the age of 40 years. In all other age groups except 60-69 years the females show the longer hospital residence previous to death.

In readmissions the long hospital residence previous to death of 18 years is shown by patients admitted between the ages of 30 and 39 years. Admissions aged 20-29 years show an average stay of 16 years. Patients 40-49 years present a stay of 15 years. In the readmissions the ages from 20 to 50 years are important from the viewpoint of a possible long hospital stay previous to death. The males show the longer hospital stay only in the age group 20-29 years. In all other age groups the females show the longer hospital residence.

AGE OF PATIENTS DYING, 1938, BY DIAGNOSIS

The average age at death of first admissions "with mental disorder" was 66.1 years, 67.9 years for the females and 64.5 years for the males (Table 67). The high average ages at death in first admissions are shown by the senile psychoses with 78 years, cerebral arteriosclerosis 73 years, traumatic psychoses 65 years and paranoia 62 years. The young average ages at death are observed in psychoses with convulsive disorders with 48 years, epidemic encephalitis 43 years and psychopathic personality 27 years.

In readmissions the males average 60.6 years at death and the females 62.5 years. The high average ages at death are shown by the senile psychoses, 76 years; cerebral arteriosclerosis, 70 years; psychoneuroses, 64 years; and alcoholic and involuntal psychoses, 63 years each. The younger ages at death occur in psychoses with other infectious diseases, 32 years, and epidemic encephalitis, 37 years.

Patients dying are drawn largely from the older age groups. The average age at death of 64.8 years is 23.6 years higher than the average age of 41.2 years for cases discharged to the community, 1938.

AGE OF PATIENTS DYING, 1938, BY HOSPITAL

Table 68 presents the average age at death of first admissions and readmissions dying in various hospitals, 1938. Among first admissions to the active admitting hospitals, Westborough shows the high average age at death of 67.9 years. In order follow Boston State and Foxborough with averages of 67.5 years each and Taunton with 67.2 years. Among the transfer hospitals, Gardner shows the high average age of 70.8 years.

In the readmissions, Taunton with 64.9 years and Foxborough with 64.1 years show the high average ages at death of the admitting hospital group. Among the chronic hospitals, Grafton shows the high average of 65.7 years.

TABLE 69. — *Causes of Death of Patients Dying in Hospitals for Mental Disorders, 1938, Compared with Causes of Death in the General Population: Numbers and Percentages*

CAUSES OF DEATH	MENTAL DISEASES						General Population Percent
	Number			Percent			
	M.	F.	T.	M.	F.	T.	
Diseases of the myocardium	146	169	315	16.7	20.3	18.5	11.8
Bronchopneumonia	111	118	229	12.7	14.2	13.4	3.7
Other diseases of the heart	85	81	166	9.7	9.7	9.7	9.7
Arteriosclerosis	87	70	157	9.9	8.4	9.2	1.8
Tuberculosis of the resp. system	50	51	101	5.7	6.1	5.9	3.1
Cancer and other mal. tumors	42	47	89	4.8	5.7	5.2	13.9
Cerebral hemorrhage	47	33	80	5.3	3.9	4.7	8.7
Lobar pneumonia	36	30	66	4.1	3.6	3.9	2.6
Nephritis	31	26	57	3.5	3.1	3.3	5.9
General paralysis of the insane.	40	8	48	4.6	.9	2.8	.1
Other external causes	21	27	48	2.4	3.2	2.8	6.0
Dis. of the coronary arteries and angina pectoris	28	14	42	3.2	1.7	2.5	7.8
Diabetes	6	14	20	.7	1.7	1.2	2.9
Chronic endocarditis	9	10	19	1.0	1.2	1.1	3.4
Epilepsy	11	7	18	1.3	.8	1.0	.1
Syphilis (non-nervous forms)	13	2	15	1.5	.2	.9	.4
Suicides	9	4	13	1.0	.5	.8	1.1
Hernia, intestinal obstruction	5	8	13	.6	.9	.8	.7
Other dis. of the resp. system	3	9	12	.3	1.1	.7	.1
Other dis. of the nervous system	3	5	8	.3	.6	.5	.2
Diarrhea and enteritis	1	8	9	.1	.9	.5	.2
Ill-defined causes of death	1	2	3	.1	.2	.1	.05
All other causes	88	88	176	10.1	10.6	10.3	14.8
Total	873	831	1,704	100.0	100.0	100.0	100.0

(See Table 229 for detail)

CAUSES OF DEATH OF PATIENTS DYING, 1938

Table 69 outlines the causes of death in patients dying, 1938, arranged in order of importance. Diseases of the myocardium are the chief cause of death, 18% of cases (population 11%). Bronchopneumonia with 13% (population 3%), other diseases of the heart with 9% (population 9%), arteriosclerosis with 9% (population 1%), tuberculosis of the respiratory system with 5% (population 3%) and cancer and other malignant tumors with 5% (population 13%) are next in order. An interesting finding is presented when we add together the percentages for cardio-vascular diseases (diseases of the myocardium, arteriosclerosis, cerebral hemorrhage, other diseases of the heart, chronic endocarditis and diseases of the coronary arteries and angina pectoris). These conditions account for 45.7% of the deaths in connection with mental disorders (population 43%). Disorders involving the lungs show a high incidence in mental disorders also. The total (bronchopneumonia, tuberculosis of the respiratory system and lobar pneumonia) is 23.2% (population 9%). Combining these two major groups under the headings "cardio-vascular disorders" and "respiratory disorders", we find that they account for 68.9% of deaths in mental diseases and only 52% of deaths in the general population. Nearly seven out of every ten deaths occurring in mental disorders involve the heart or lungs. Also notable is the low for cancer deaths in mental diseases, 5% (population 13%).

LENGTH OF HOSPITAL STAY OF PATIENTS DYING, 1938, BY NUMBER OF TIMES ADMITTED

Table 70 gives the length of time in residence previous to death during the present admission, and in addition, the total hospital stay during all admissions in accordance with the total number of times the patient was admitted to mental hospitals. The average length of hospital stay of the last admission, during which the patient died, was 5.9 years. When we study the total time these patients had spent in hospital, including previous admissions, we observe a hospital stay during life of 15.1 years. Considering the present admission, during which the patient died, patients coming to mental hospitals but once show the short hospital stay of 3.7 years. Patients who have had two admissions show the long hospital stay during this last admission of 12.2 years. Small numbers in other groups produce expected variations. The averages of length of stay before death are somewhat lower in patients having a large number of admissions.

We now consider the total length of hospital residence during all admissions. The patients admitted twice show an average of 14.3 years. Patients admitted three times spent 15.2 years in hospital during all admissions. Patients admitted four times spent 16.2 years in hospital during all admissions. The patients admitted five times spent a total of 18.4 years.

TABLE 70.—Length of Time in Residence During This Admission and All Admissions, Cases Dying During 1938, by Number of Times Admitted: Averages in Years

NUMBER OF TIMES ADMITTED	NUMBER			AVERAGE LENGTH OF HOSPITAL STAY IN YEARS					
				This Admission			All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
One . . .	646	586	1,232	4.08	3.46	3.79	—	—	—
Two . . .	131	112	243	11.43	13.13	12.21	12.49	16.52	14.34
Three . . .	55	72	127	10.27	11.51	10.97	14.78	15.58	15.24
Four . . .	27	27	54	10.18	10.61	10.40	14.96	17.61	16.29
Five . . .	5	23	28	19.60	9.01	10.90	23.90	17.21	18.41
Six . . .	7	6	13	9.88	7.60	8.83	14.85	11.66	13.38
Seven . . .	—	1	1	—	4.50	4.50	—	37.50	37.50
Eight . . .	—	3	3	—	14.90	14.90	—	20.00	20.00
Nine . . .	—	—	—	—	—	—	—	—	—
Ten or more .	2	1	3	7.50	3.50	6.16	27.50	12.50	22.50
Total . . .	873	831	1,704	5.91	5.92	5.91	13.79	16.42	15.16

(See Tables 227 and 228 for detail)

AVERAGE LENGTH OF HOSPITAL STAY PER ADMISSION OF PATIENTS DYING, 1938, BY NUMBER OF TIMES ADMITTED

Table 71 studies the readmissions and presents the average length of hospital residence during all admissions in accordance with the number of times admitted. For example, patients coming to mental hospitals twice showed a total length of stay of 14.3 years or

an average of 7.1 years for each of the two admissions. Patients admitted three times spent 15.2 years in hospital, or an average of 5.0 years for each of the three admissions. Patients admitted four, five and six times showed an average hospital residence per admission of 4.0 years, 3.6 years and 2.2 years respectively. Multiple admissions over six are omitted because of small numbers. There is a tendency for the average time in hospital per admission to decrease as the number of admissions increases.

TABLE 71. — *Length of Time in Residence During Each Admission, Readmissions Dying During 1938: Averages in Years*

NUMBER OF TIMES ADMITTED	Average Length of Stay in Years During All Admissions	Average Length of Stay in Years for Each Time Admitted
Two	14.34	7.17
Three	15.24	5.08
Four	16.29	4.07
Five	18.41	3.68
Six	13.38	2.23
Seven	37.50	5.35
Eight	20.00	2.50
Nine	—	—
Ten or more	22.50	2.04

(See Table 228 for detail)

Section E. Resident Population of Mental Hospitals on September 30, 1938

In the preceding sections we have discussed admissions, discharges to the community and deaths for 1938. We now discuss the resident population and analyze specific factors in reference to all patients within mental hospitals and all patients temporarily out of mental hospitals on September 30, 1938. On that date there were 25,692 patients in residence in the thirteen State hospitals under the Department, the Bridgewater State Hospital (Department of Correction), the Mental Wards at the State Infirmary (Department of Public Welfare), the two Veterans' Administration Facilities, Nos. 95 and 107 (United States Government), and the nineteen private hospitals. Of this number, 13,307 were males and 12,385 females.

In this analysis it should be recalled that the resident population is, in part, an accumulation of admissions of previous years who have not left the hospital by reason of discharge or death. Of the patients coming into hospitals during any one year a certain number are discharged after a fairly short hospital residence, another proportion die and others remain within the institution for varying periods of time. Study of the resident population will provide valuable information as to the characteristics of this last group, which tends to chronicity or long residence within mental hospitals.

PATIENTS IN RESIDENCE IN PUBLIC AND PRIVATE MENTAL HOSPITALS ON SEPTEMBER 30, 1904-1938

Table 72 presents the numbers of patients in the various types of mental hospitals on September 30 of each year from 1904 to 1938, inclusive. Rates per 100,000 of the population are presented for all hospitals together and for the State hospitals. Considering all hospitals together, 9,840 patients were in residence in 1904. In 1914 this number had increased to 14,582; in 1924 to 18,288; in 1934 to 23,419 and in 1938 to 25,692. The year 1904 presents a rate of 324 persons in mental hospitals per 100,000 of the population. In 1938 this rate had increased to 582. This is an increase in rates of 79% or 2.3% per year.

The second section of this table records the numbers and residence rates for patients within the 13 State hospitals under the Department of Mental Health. In 1904 this group had 8,445 patients in residence or 85% of all mental patients in the State. In 1938 the State hospitals cared for 22,056 patients, still 85%. The rates per 100,000 of the population rose from 278 in 1904 to 499 in 1938, an increase of 79% or 2.3% per year. Bridgewater and Tewksbury show an increase from 1,062 in 1904 to the high of 1,749 in 1930 and a decrease to 1,364 in 1938. The Governmental hospitals have shown a marked increase in numbers in residence, from 339 in 1924 to 1,841 in 1938. McLean shows a small increase, from 189 patients in 1904 to 207 in 1938. The other eighteen private hospitals show an increase, from 144 in 1904 to 224 in 1938. In 1938 nineteen

TABLE 72. — All Classes of Patients in Residence in Hospitals for Mental Disorders on September 30, 1904-1938:
Numbers and Rates per 100,000 Population of State

YEARS	TOTAL			RATE ¹			STATE HOSPITALS — D.M.H.			BRIDGEWATER AND TEWKSBURY			GOVERNMENTAL HOSPITALS			McLEAN HOSPITAL			OTHER PRIVATE HOSPITALS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1904	4,760	5,080	9,840	371	328	324	3,959	4,486	8,445	267	289	278	678	384	1,062	94	95	189	29	115	144
1905	5,133	5,263	10,402	340	334	337	4,326	4,744	9,070	286	301	293	682	316	998	82	98	184	46	105	154
1906	5,133	5,263	10,402	338	335	336	4,371	4,768	9,139	283	297	290	706	382	1,088	90	94	180	46	126	172
1907	5,437	5,529	10,966	346	339	342	4,553	4,862	9,415	300	298	294	753	426	1,179	97	108	203	38	133	167
1908	5,870	5,776	11,646	367	360	364	4,943	5,238	10,183	309	316	312	792	479	1,271	93	126	218	38	136	174
1909	6,135	6,145	12,280	377	370	373	5,178	5,470	10,648	318	324	321	830	509	1,338	93	126	219	34	141	175
1910	6,407	6,511	12,918	388	380	384	5,393	5,731	11,124	325	334	330	909	518	1,428	89	128	217	36	133	169
1911	6,705	6,647	13,352	399	382	390	5,602	5,867	11,469	345	344	344	970	517	1,487	90	127	217	38	136	174
1912	7,022	6,857	13,879	412	389	400	5,888	6,060	11,948	347	353	350	984	516	1,507	96	125	221	52	151	203
1913	7,128	7,127	14,255	413	396	405	6,005	6,317	12,322	347	353	350	984	516	1,507	96	125	221	52	151	203
1914	7,209	7,373	14,582	412	406	409	6,084	6,356	12,440	358	374	366	1,022	509	1,531	85	121	207	52	158	210
1915	7,505	7,682	15,187	423	418	420	6,356	6,870	13,226	358	374	366	1,044	514	1,556	85	121	207	52	158	210
1916	7,724	7,774	15,498	430	417	423	6,543	6,955	13,498	364	373	369	1,044	514	1,556	85	121	207	52	158	210
1917	7,893	7,980	15,873	433	422	428	6,686	7,187	13,873	367	380	374	1,044	514	1,556	85	121	207	52	158	210
1918	7,802	8,155	15,957	423	426	424	6,565	7,350	13,915	356	384	370	1,045	516	1,561	86	122	209	75	154	226
1919	7,726	8,128	15,854	413	419	416	6,359	7,331	13,890	351	378	365	1,045	516	1,561	86	122	209	75	154	226
1920	7,793	8,329	16,122	412	424	418	6,632	7,532	14,164	350	383	367	1,021	501	1,522	90	122	212	94	169	233
1921	8,242	8,658	16,900	431	436	434	7,040	7,825	14,865	368	394	381	1,030	513	1,563	84	120	217	95	190	255
1922	8,470	8,815	17,242	437	439	438	7,197	8,024	15,221	373	400	387	1,076	513	1,588	83	123	206	71	153	226
1923	8,470	9,020	17,490	435	444	440	7,223	8,240	15,463	371	406	389	1,097	491	1,588	84	130	214	66	159	225
1924	8,957	9,331	18,288	456	455	455	7,330	8,515	15,843	373	415	395	1,138	532	1,652	81	123	204	69	161	230
1925	9,290	9,581	18,871	468	462	465	7,568	8,870	16,338	382	423	403	1,139	531	1,652	86	123	204	71	163	234
1926	9,339	9,687	19,026	467	463	465	7,582	8,874	16,456	379	426	408	1,166	517	1,682	84	140	223	68	156	224
1927	9,637	9,859	19,496	477	466	472	7,854	9,016	16,870	389	424	408	1,183	544	1,727	85	138	223	79	161	240
1928	10,142	10,122	20,264	498	474	485	8,007	9,262	17,269	393	433	414	1,176	551	1,728	87	134	219	66	175	241
1929	10,142	10,294	20,438	507	477	492	8,222	9,444	17,666	400	437	419	1,176	554	1,725	89	134	219	66	175	241
1930	10,746	10,559	21,305	518	484	501	8,373	9,726	18,099	404	446	425	1,195	554	1,749	86	126	206	52	159	211
1931	11,172	10,889	22,061	534	495	514	8,744	10,070	18,814	418	457	438	1,098	534	1,632	86	126	206	52	159	211
1932	11,428	11,022	22,450	542	496	518	9,026	10,229	19,255	428	460	444	1,185	548	1,601	86	126	206	52	159	211
1933	12,342	11,256	23,598	561	501	524	9,184	10,491	19,675	431	467	450	1,185	548	1,601	86	126	206	52	159	211
1934	12,030	11,389	23,419	561	503	531	9,442	10,649	20,091	440	475	455	1,309	548	1,601	73	116	197	59	171	230
1935	12,342	11,618	23,960	570	508	538	9,717	10,870	20,587	449	475	462	1,425	548	1,601	73	116	197	59	171	230
1936	12,801	11,952	24,753	592	534	560	9,953	11,234	21,187	469	494	484	1,475	548	1,601	73	116	197	59	171	230
1937	12,801	12,115	24,916	602	534	567	10,116	11,428	21,544	475	504	490	1,475	548	1,601	76	128	206	62	159	211
1938	13,307	12,385	25,692	623	543	582	10,355	11,701	22,056	485	513	499	1,841	548	1,601	72	135	207	64	160	224

¹Population estimated for each intercensal year.

private institutions cared for but 1.6% of the total patients, the Governmental hospitals for 7.1%, the Hospital for the Criminal Insane and the Mental Wards at Tewksbury for 5.3%, and the State hospitals under the Department for 85.8%.

Sex differences are observed. In the totals the residence rates for males within hospitals are higher than females in 28 of the 35 years under consideration. The females show higher residence rates in but 7 years, 1904 and the years 1918-1923 inclusive. In the State hospitals the females show higher residence rates than the males in all but one, 1912, of the 35 years. The sex differences observed demonstrate clearly how incomplete are statistics based upon State hospital population alone and emphasize the necessity for consideration of all patients in all types of institutions. In State hospitals the residence rates for the males increased from 267 in 1904 to 485 in 1938. This is an increase of 81%. In the females the residence rates increased from 289 in 1904 to 513 in 1938. This is an increase of 77%. Considering State hospitals alone, it would seem that the sexes have shown about the same degree of increase over the 35-year period. In making these same calculations for all patients in all types of mental hospitals we get radically different results, owing chiefly to the establishment of the Governmental hospitals, which have absorbed males who ordinarily would have gone to State hospitals. Residence rates for males increased from 321 in 1904 to 623 in 1938, an increase of 94%. The female rates increased from 328 in 1904 to 543 in 1938, an increase of 65%. Considering all patients in all types of mental hospitals, we note that the males have shown a tremendous increase over the 35 years, 94%, as compared with the females, 65%. Mental disease is becoming increasingly serious for the males. It also becomes evident that the significance of mental disease as a *state-wide problem* can be determined only by a thorough study of *all* cases of mental disease under care in any hospital, whatever the type.

DIAGNOSIS OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938, BY FORM OF ADMISSION

Table 73 and Graph 6 give the diagnosis of first admissions and readmissions in residence in all mental hospitals by form of admission.* On September 30, 1938 there were 13,987 first admissions in mental hospitals, 7,152 males and 6,835 females. Of this total, 13,879 were diagnosed as "with mental disorder" and 108 as "without mental disorder". Dementia praecox makes up 47.6% of first admissions in residence. Then follow in order psychoses with cerebral arteriosclerosis, 8.2%; with mental deficiency, 7.7%; alcoholic psychoses, 6.4%; and manic-depressive psychoses, 6.1%. From 15% of first admissions coming into mental hospitals in 1938, dementia praecox has risen to 47% in the resident population.

Court commitments (first admissions) show dementia praecox predominating with 48.8%. Psychoses with cerebral arteriosclerosis comprise 8.4% and mental deficiency 7.8%. In the temporary care admissions in residence the high groups are "without psychoses" with 21.4%, dementia praecox with 17.9% and psychoneuroses with 10.7%. In the observation commitments in residence the leading diagnoses are "without psychoses" with 43.4% and alcoholic psychoses with 13.2%. Among the resident voluntary first admissions, psychoses with epilepsy comprise 86.4%.

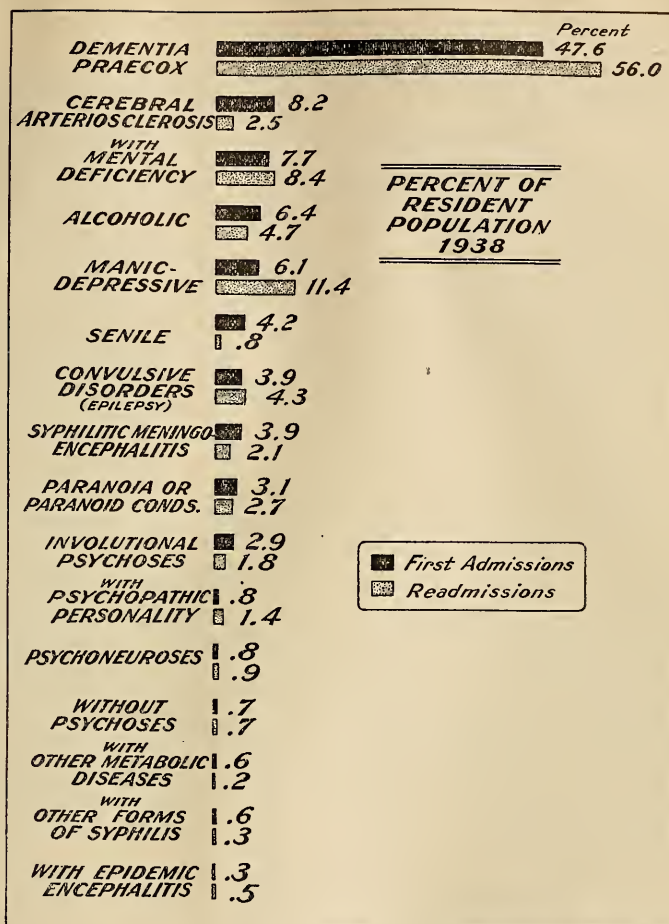
In addition to the first admissions there were 9,838 readmitted cases in the resident population on September 30, 1938, 4,954 males and 4,884 females. Of the grand total, 9,768 were diagnosed as "with mental disorder" and 70 as "without mental disorder". Psychoses prominent numerically in the resident readmissions are dementia praecox, 56.0%; manic-depressive psychoses, 11.4%; mental deficiency, 8.4%; and alcoholic psychoses, 4.7%.

In resident readmissions who came into hospitals through court commitment, dementia praecox comprises 56.7%, manic-depressive 11.4% and mental deficiency 8.5%. In temporary care readmissions in residence "without psychoses" makes up 35% and manic-depressive 30%. The observation commitments in residence show 31.5% "without psychoses" and 15.8% dementia praecox and manic-depressive. In the voluntary readmissions psychoses with convulsive disorders comprise 75.2% and "without psychoses" 10.1%.

*The total number of patients discussed from this point on is 23,717 instead of the 25,692 noted in Table 72. This difference is accounted for by the following three points: (1) Exclusion of the 224 patients in residence in the eighteen private hospitals, (2) exclusion of non-psychotic epileptics at the Monson State Hospital (see separate section on Epilepsy, beginning with Table 156) and (3) exclusion of the non-residents of Massachusetts at the two Veterans' hospitals.

TABLE 73. — *First and Readmissions in Residence on September 30, 1938, by Form of Admission and Diagnosis: Number and Percentage Distribution*

DIAGNOSES	FIRST ADMISSIONS											
	TOTAL			COURT			TEMPORARY CARE			OBSERVATION		
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
With syphilitic meningo-encephalitis.	422	119	541	3.9	419	119	538	3.9	1	1	2	3.6
With other forms of syphilis	62	25	87	.6	61	25	86	.6	—	—	—	—
With epidemic encephalitis	24	21	45	.3	24	21	45	.3	—	—	—	—
With other infectious diseases	5	8	13	.1	5	7	12	.1	—	—	—	—
Alcoholic psychoses	773	131	904	6.4	764	130	894	6.6	7	7	14	13.2
Due to drugs, etc.	2	6	8	.1	2	6	8	.1	—	—	—	—
Traumatic psychoses	44	14	58	.4	44	14	58	.4	—	—	—	—
With cerebral arteriosclerosis	572	572	1,144	8.2	567	572	1,139	8.4	2	2	4	7.1
With other disturbances of circulation	16	10	26	.2	15	9	24	.2	—	—	—	—
With convulsive disorders (epilepsy)	253	302	555	3.9	222	302	524	3.3	1	1	2	1.9
Senile psychoses	224	363	587	4.2	222	362	584	4.3	—	—	—	—
Involuntary psychoses	122	292	414	2.9	122	291	413	3.0	—	—	—	—
Due to other metabolic diseases, etc.	36	44	80	.6	35	43	78	.6	—	—	—	—
Due to new growth	1	2	3	.02	1	1	2	.01	—	—	—	—
With organic changes of nervous system	108	62	170	1.2	108	60	168	1.2	—	—	—	—
Psychoneuroses	38	70	108	.8	32	63	95	.7	—	—	—	—
Manic-depressive psychoses	313	539	852	6.1	309	534	843	6.2	1	1	2	10.7
Dementia praecox	3,290	3,371	6,661	47.6	3,286	3,364	6,650	48.8	1	1	2	17.9
Paranoia and paranoid conditions	149	289	438	3.1	148	288	436	3.2	—	—	—	—
With psychopathic personality	58	50	108	.8	57	49	106	.8	—	—	—	—
With mental deficiency	565	506	1,071	7.7	564	505	1,069	7.8	—	—	—	—
Undiagnosed psychoses	—	5	5	.04	—	4	4	.04	—	—	—	—
Without psychoses	69	32	101	.7	66	24	90	.7	—	—	—	—
Primary behavior disorders	5	2	7	.1	—	1	1	.01	—	—	—	—
Total With Mental Disorder	7,078	6,801	13,879	99.2	6,946	6,619	13,565	99.5	7	13	20	71.4
Total Without Mental Disorder	74	34	108	.8	36	25	61	.41	6	2	8	28.5
Grand Total	7,152	6,835	13,987	100.0	6,982	6,644	13,626	100.0	13	15	28	100.0



GRAPH 6. — FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE ON SEPTEMBER 30, 1938, BY PSYCHOSES: PERCENTAGE DISTRIBUTION

ECONOMIC STATUS OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938

Table 74 shows the economic status of patients in the resident population by first admissions and readmissions. Of the 13,987 first admissions in residence, 21% are recorded as dependent in economic status, 71% as marginal and 4% as comfortable. In patients still on the books of the hospitals but in the community on visit, etc., we have a lower proportion of the dependent, 17%, a higher proportion of the marginal, 75%, and 4% of the comfortable. Here we have the suggestion that the higher economic groups have a greater chance of being placed on visit in the community. Visits, of course, commonly precede discharge.

Of the 9,838 readmissions in residence, 17% are recorded as dependent, 76% as marginal and 4% as comfortable. Readmitted patients out on visit show about the same distribution with 16% dependent, 76% marginal and 5% comfortable.

As we trace economic status through admissions, discharges, deaths and the resident population, we find interesting material. First admissions entering mental hospitals during 1938 showed 19% as dependent (Table 28). First admissions discharged presented 13% in the dependent group (Table 41). The deaths in first admissions showed 28% dependent (Table 59). Now we observe the resident population showing 21% dependent and patients out on visit 17% (Table 74). Dependent economic status in

first admissions is linked with a high death rate, a low discharge rate and a moderate tendency towards retention within mental hospitals.

TABLE 74. — *Economic Status of the Resident Population and Patients Out on September 30, 1938, First and Readmissions, by Sex: Numbers and Percentages*

ECONOMIC STATUS	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Resident Population:												
Dependent	1,706	1,300	3,006	23.8	19.0	21.4	972	727	1,699	19.6	14.8	17.2
Marginal	5,027	4,995	10,022	70.2	73.0	71.6	3,767	3,804	7,571	76.0	77.8	76.9
Comfortable	244	383	627	3.4	5.6	4.4	152	304	456	3.0	6.2	4.6
Unknown	175	157	332	2.4	2.2	2.3	63	49	112	1.2	1.0	1.1
Total	7,152	6,835	13,987	100.0	100.0	100.0	4,954	4,884	9,838	100.0	100.0	100.0
Patients Out:												
Dependent	125	156	281	18.0	17.0	17.4	90	84	174	19.4	13.5	16.0
Marginal	526	684	1,210	75.9	74.6	75.2	344	488	832	74.4	78.4	76.7
Comfortable	21	53	74	3.0	5.7	4.5	20	35	55	4.3	5.6	5.0
Unknown	21	23	44	3.0	2.5	2.7	8	15	23	1.7	2.4	2.1
Total	693	916	1,609	100.0	100.0	100.0	462	622	1,084	100.0	100.0	100.0

The marginal economic group made up 71% of first admissions coming into mental hospitals, 77% of the discharges, 60% of the deaths and 71% of the resident population. The marginal economic group is high in discharges and low in deaths and presents little tendency to accumulation in the resident population. The comfortable economic group made up 4.8% of first admissions, 6.6% of discharges, 3.6% of deaths and 4.4% of the resident population. This group is high in discharges and low in deaths and shows no tendency whatever to accumulate in the resident population.

The readmissions show essentially the same associations with economic status as the first admissions. Dependent economic status in mental patients being admitted for the first time and in those being readmitted tends to show a large proportion of deaths, a low proportion of discharges and a tendency to accumulate within the resident population of mental hospitals.

TABLE 75. — *Marital Condition of the Resident Population and Patients Out on September 30, 1938, First and Readmissions, by Sex.*

MARITAL CONDITION	RESIDENT POPULATION							
	FIRST ADMISSIONS				READMISSIONS			
	M.	F.	T.	%	M.	F.	T.	%
Single	4,375	3,154	7,529	53.8	3,366	2,386	5,752	58.4
Married	1,952	2,404	4,356	31.1	1,224	1,823	3,047	30.9
Widowed	504	988	1,492	10.6	174	419	593	6.0
Divorced	176	166	342	2.4	116	135	251	2.5
Separated	112	111	223	1.5	69	117	186	1.8
Unknown	33	12	45	.3	5	4	9	.09
Total	7,152	6,835	13,987	100.0	4,954	4,884	9,838	100.0

MARITAL CONDITION	PATIENTS OUT ON VISIT, ETC.							
	FIRST ADMISSIONS				READMISSIONS			
	M.	F.	T.	%	M.	F.	T.	%
Single	338	360	698	43.3	271	286	557	51.3
Married	281	419	700	43.5	150	261	411	37.9
Widowed	48	103	151	9.3	15	36	51	4.7
Divorced	17	20	37	2.2	20	26	46	4.2
Separated	7	14	21	1.3	6	13	19	1.7
Unknown	2	—	2	.1	—	—	—	—
Total	693	916	1,609	100.0	462	622	1,084	100.0

MARITAL CONDITION OF PATIENTS IN THE RESIDENT POPULATION ON
SEPTEMBER 30, 1938

Table 75 presents the marital status of the resident population and of patients temporarily out on visit, etc., on September 30, 1938, by first admissions and readmissions. Of the 13,987 first admissions in residence 53% were single, 31% married, 10% widowed, 2% divorced and 1% separated. Among the patients temporarily out on visit (potential candidates for discharge) we see a lower proportion of the single, 43%, a higher proportion of the married, 43%, and similar proportions of the widowed, divorced and separated, 9%, 2% and 1% respectively.

Of the 9,838 readmissions in the resident population, 58% were single, 30% married, 6% widowed, 2% divorced and 1% separated. The patients temporarily out on visit show a lower per cent of the single, 51%, a higher per cent of the married, 37%, a lower per cent of the widowed, 4%, and a higher per cent of the divorced, 4%.

Comparison of marital status in the resident population with the marital status of admissions for the year makes available interesting material. In first admissions the single are showing a remarkable tendency towards accumulation within mental hospitals. The married leave hospitals rapidly and therefore have little opportunity to accumulate within mental hospitals. The widowed, the divorced and the separated are not being retained.

In the readmissions also patients of single marital status are having long hospital residences and are tending to comprise a large proportion of the resident population. On the other hand, patients of the married, widowed, divorced and separated groups are evidently leaving hospitals more rapidly, either through discharge or death, and are showing no tendency towards retention.

AGE AT ADMISSION OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938

Table 76 presents the distribution of first admissions and readmissions in the resident population, by age at admission. First admissions in the resident population show an average age at admission of 42.7 years, 41.5 years for the males and 43.9 years for the females. The admission group aged 30-39 years shows the largest number of patients, 3,345. The 40-49 year group includes 2,951 cases and the 20-29 year group 2,790. Thus, of these first admissions in residence, 9,086 or 65%, were admitted between the ages of 20 and 49 years. The males show the larger numbers in all ages up to 40. From 40 onward the females show the larger numbers.

TABLE 76. — *Admission Ages of First and Readmissions in the Resident Population, September 30, 1938*

AGE AT ADMISSION	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 14 years	65	75	140	53	58	111	12	17	29
15-19 years	431	376	807	278	261	539	153	115	268
20-29 years	2,733	1,897	4,630	1,665	1,125	2,790	1,068	772	1,840
30-39 years	3,233	2,880	6,113	1,755	1,590	3,345	1,478	1,290	2,768
40-49 years	2,576	2,857	5,433	1,400	1,551	2,951	1,176	1,306	2,482
50-59 years	1,663	1,990	3,653	959	1,094	2,053	704	896	1,600
60-69 years	928	1,031	1,959	640	650	1,290	288	381	669
70-79 years	387	481	868	323	396	719	64	85	149
80-89 years	83	126	209	72	106	178	11	20	31
90 years and over	7	6	13	7	4	11	—	2	2
Total	12,106	11,719	23,825	7,152	6,835	13,987	4,954	4,884	9,838
Average admission age	40.8	43.3	42.0	41.5	43.9	42.7	39.8	42.5	41.1

(See Tables 236 and 237 for detail)

Readmissions in the resident population show an average admission age of 41.1 years, 39.8 years for the males and 42.5 years for the females. The readmissions in residence also show the largest number, 2,768, in the admission group aged 30-39 years. A total of 2,482 were admitted in the ages 40-49 years and 1,840 in the ages 20-29 years. Here we have a total of 7,090 patients, or 72% of all readmissions, who were admitted between the ages of 20 and 49 years. As in first admissions, the readmissions show the males with larger numbers in the age groups up to 40 years. From that point on the females show the larger numbers.

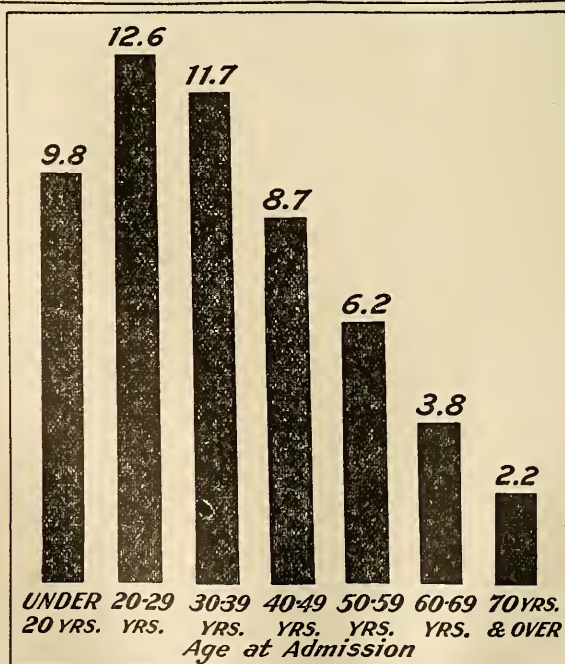
LENGTH OF HOSPITAL STAY OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938,
BY AGE AT ADMISSION

Table 77 and Graph 7 give the average length of stay during the present admission of all first admissions and readmissions in the resident population in accordance with the age at admission. First admissions admitted during the ages 20-29 years have shown the longest period of hospital residence, 13.4 years. Patients admitted in the age group 30-39 years are next with an average stay of 12.9 years. Then we observe a gradual decrease of hospital residence as the older ages are approached.

In readmissions also those admitted in the age group 20-29 years have shown the long hospital residence, 11.4 years. As in first admissions we see a gradually decreasing length of time in hospitals during the present admission as the older ages at admission are approached. In previous tables it has been noted that patients admitted in younger ages have shown high discharge rates and low death rates in comparison with the admissions in the older age groups. It is evident that certain cases admitted in the younger ages tend toward chronicity and retention in hospitals for long periods of time.

TABLE 77. — *Average Length of Hospital Stay during the Present Admission, First and Readmissions in Residence on September 30, 1938, by Age at Admission*

AGE AT ADMISSION	AVERAGE LENGTH OF HOSPITAL STAY		
	All Admissions	First Admissions	Readmissions
Under 19 years	9.8	10.2	9.0
20-29 years	12.6	13.4	11.4
30-39 years	11.7	12.9	10.3
40-49 years	8.7	9.2	8.1
50-59 years	6.2	6.1	6.4
60-69 years	3.8	3.6	4.1
70-79 years	1.6	1.4	2.7
80-89 years . . . . .	.6	.5	1.0



GRAPH 7. — LENGTH OF TIME IN RESIDENCE DURING THIS ADMISSION OF CASES IN RESIDENCE IN HOSPITALS FOR MENTAL DISORDERS ON SEPTEMBER 30, 1938, BY AGE AT ADMISSION: AVERAGES IN YEARS

DIAGNOSIS IN ADMISSIONS, DISCHARGES AND DEATHS, 1938, AND THE RESIDENT
POPULATION AND PATIENTS OUT ON VISIT ON SEPTEMBER 30, 1938

Table 78 gives the percentage distribution of mental disorders in patients coming into mental hospitals, in those leaving mental hospitals by discharge or death, in the resident population, and in patients temporarily out of mental hospitals on visit, by first admissions and readmissions.

Only the numerically important psychoses will be discussed. In first admissions psychoses with cerebral arteriosclerosis made up 16% of first admissions, 7% of discharges, 39% of deaths and 8% of the resident population. This psychosis shows a low discharge rate, an extremely high death rate and no tendency towards retention within hospitals. Dementia praecox made up 15% of first admissions, 13% of discharges, 9% of deaths and 47% of the resident population. This psychosis is low in both discharges and deaths. The outstanding point is its remarkable tendency to accumulation within the resident population. The "without psychoses" group made up 13% of admissions, 21% of discharges, .5% of deaths and .7% of the resident population. Obviously this group is leaving hospitals very rapidly. Manic-depressive psychoses made up 8% of admissions, 12% of discharges, 3% of deaths and 6% of the resident population. This psychosis is leaving hospitals rapidly, shows a low death rate and no tendency towards retention.

In readmissions dementia praecox makes up 24% of patients entering mental hospitals during the year, 19% of discharges, 36% of deaths and 56% of the resident population. Readmissions with this psychosis apparently have a low discharge rate, a high death rate and a greater tendency toward retention within the institution. The smaller number of discharges tends to have an accumulative effect, as 56% of the resident readmissions fall in dementia praecox and only 2.4% of the readmissions admitted. Manic-depressive psychoses made up 20% of readmissions coming into hospitals, 23% of the discharges, 14% of the deaths and 11% of the resident population.

ADMISSION AGES OF ADMISSIONS, DISCHARGES AND DEATHS, 1938, COMPARED WITH
THE ADMISSION AGES OF THE RESIDENT POPULATION ON SEPTEMBER 30, 1938,
BY DIAGNOSIS

In Table 79 we compare the age at admission of first admissions and readmissions during 1938, of patients discharged, of patients dying, of patients in the resident population and of patients on visit on September 30, 1938, by diagnosis. This table will show how patients of certain admission ages tend to distribute themselves in the discharges, deaths and resident population.

In the first admissions, the group "with mental disorder" presents an average admission age of 48.6 years. Discharges during that same year were 6.6 years younger at the time of admission, an average admission age of 42.0 years. As these admission ages remain remarkably constant over the years we may say that the patients discharged during 1938 were selected from the younger ages of patients admitted during previous years. The average admission age of patients dying during the year was 13.9 years higher than that of the admissions, an average of 62.5 years. Clearly the patients who die are the patients of older ages in the admissions of previous years. First admissions in the resident population presented an average admission age of 42.7 years, 5.9 years younger than the admission age of the admissions, 48.6 years.

The readmissions coming into mental hospitals during 1938 presented an average admission age of 42.1 years. The readmissions discharged presented an admission age of 40.7 years, 1.4 years younger. The deaths had an admission age 7.9 years higher than the admissions, 50.0 years. Readmissions in the resident population, with an admission age of 41.1 years, averaged a year younger at admission than readmissions entering during the year.

Limitations of space prevent a separate discussion of the individual psychoses but the figures are available for study. In general, both first admissions and readmissions coming into hospitals each year are tending to divide themselves into three groups from the viewpoint of age: (1) younger patients who will reappear in the discharges, (2) other young patients, slightly older, who will tend to make up the resident population and (3) a decidedly older group who will reappear among the deaths. Thus, the young admissions go to make up a favorable group discharged and an unfavorable group tending to remain within the resident population of mental hospitals.

TABLE 79. — *Average Age at Admission of Cases Admitted, Cases Discharged and Cases Dying during 1938, Compared with Average Admission Age of the Resident Population and Patients Out on September 30, 1938, by Diagnosis*

DIAGNOSES	ADMISSIONS		DISCHARGES		DEATHS		RESIDENT POPULATION		PATIENTS OUT	
	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions	First Admissions	Readmissions
With syphilitic meningo-encephalitis	46.4	47.3	43.2	45.3	52.1	46.1	44.3	44.2	42.4	45.5
With other forms of syphilis	46.1	40.5	43.3	50.0	48.6	62.5	46.5	46.2	46.4	50.0
With epidemic encephalitis	23.7	30.8	30.0	22.6	40.0	35.0	28.3	29.7	26.0	37.5
With other infectious diseases	41.7	—	45.0	—	50.0	27.5	37.4	26.0	39.5	—
Alcoholic psychoses	44.9	45.2	42.5	44.9	49.8	52.2	48.0	49.5	45.8	49.2
Due to drugs, etc.	45.6	41.6	44.1	40.9	52.5	57.5	46.2	46.4	51.6	41.6
Traumatic psychoses	40.8	38.7	47.5	38.5	65.0	55.0	44.0	40.6	43.6	42.5
With cerebral arteriosclerosis	70.1	68.1	67.9	64.6	72.0	68.2	68.0	65.6	67.2	65.4
With other disturbances of circulation	57.6	52.5	55.1	64.1	58.9	57.5	55.0	52.7	50.0	45.0
With convulsive disorders (epilepsy)	36.0	33.9	31.3	32.1	38.4	32.9	35.3	35.1	31.2	31.5
Senile psychoses	76.1	74.0	74.2	74.1	76.8	73.4	72.2	70.1	69.8	71.0
Involuntary psychoses	52.3	51.4	52.6	51.4	54.1	57.8	52.6	53.7	52.1	53.4
Due to other metabolic diseases, etc.	45.4	40.5	38.6	35.3	57.0	42.5	47.7	43.8	41.3	50.0
Due to new growth	54.0	—	50.8	52.5	57.5	45.8	48.3	45.0	45.0	—
With organic changes of nervous system	47.8	38.7	44.9	40.0	53.7	53.9	45.1	36.4	43.8	43.7
Psychoneuroses	30.0	40.5	37.3	38.4	48.0	59.1	44.2	42.3	41.3	42.7
Manic-depressive psychoses	30.8	42.9	38.6	42.3	48.9	52.0	43.0	46.2	37.9	42.5
Dementia praecox	31.9	35.2	31.5	34.9	37.1	42.5	35.7	38.3	32.9	36.7
Paranoia and paranoid conditions	48.6	47.9	46.0	38.9	55.0	52.5	50.5	51.8	52.2	49.0
With psychopathic personality	29.8	33.5	30.5	34.4	27.5	31.2	37.2	36.6	35.3	30.1
With mental deficiency	32.1	34.9	29.3	33.8	40.4	41.9	34.7	35.6	34.2	34.0
Undiagnosed psychoses	38.3	34.2	35.6	33.7	50.0	47.5	46.6	45.0	31.0	17.0
Without psychoses	36.8	39.2	36.9	38.6	47.5	—	34.0	39.1	35.7	43.2
Primary behavior disorders	21.9	23.4	22.7	23.4	—	—	22.1	21.0	17.0	—
Total With Mental Disorder	48.6	42.1	42.0	40.7	62.5	50.0	42.7	41.1	41.2	41.0
Total Without Mental Disorder	34.7	38.2	34.9	37.6	47.5	47.5	33.2	38.6	34.6	45.2
Grand Total	46.4	41.5	40.2	40.1	62.5	50.0	42.7	41.1	41.1	41.0

(See Tables 184-5, 210-11, 223-24 and 232-235 for detail)

PRESENT AGE OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938

Table 80 shows the *present* age of first admissions and readmissions in the resident population on September 30, 1938. The first admissions show an average present age of 52.2 years, 51.0 years for the males and 53.4 years for the females. The largest number of patients, 3,187, falls in the present age group 50-59 years. The 40-49 year group contains 2,981 patients and the 60-69 year group 2,672 patients. Thus, 63% of the first admissions in the resident population are between the ages of 40 and 70.

The readmissions in residence show an average present age of 49.9 years, 48.4 years for the males and 51.4 years for the females. The 40-49 year group contains the highest number of patients, 2,624. The 50-59 year group records 2,295 patients and the group 60-69 years 1,677. Readmissions in residence show 67% between the ages of 40 and 70, a slightly larger proportion than the first admissions.

TABLE 80. — *Present Age of First and Readmissions in the Resident Population September 30, 1938*

PRESENT AGE	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 14 years	19	30	49	17	21	38	2	9	11
15-19 years	115	123	238	80	79	159	35	44	79
20-29 years	1,027	743	1,770	612	459	1,071	415	284	699
30-39 years	2,010	1,590	3,600	1,097	839	1,936	913	751	1,664
40-49 years	3,011	2,594	5,605	1,548	1,433	2,981	1,463	1,161	2,624
50-59 years	2,740	2,742	5,482	1,661	1,526	3,187	1,079	1,216	2,295
60-69 years	2,027	2,322	4,349	1,295	1,377	2,672	732	945	1,677
70-79 years	943	1,243	2,186	679	865	1,544	264	378	642
80-89 years	198	304	502	149	222	371	49	82	131
90 years and over	16	28	44	14	14	28	2	14	16
Total	12,106	11,719	23,825	7,152	6,835	13,987	4,954	4,884	9,838
Average Present Age	49.9	52.6	51.3	51.0	53.4	52.2	48.4	51.4	49.9

(See Tables 238 and 239 for detail)

TABLE 81. — *Average Present Age of Resident Population on September 30, 1938: First and Readmissions, by Diagnosis*

DIAGNOSES	FIRST ADMISSIONS		READMISSIONS	
	Number	Average Present Age	Number	Average Present Age
With syphilitic meningo-encephalitis	541	48.6	211	48.9
With other forms of syphilis	87	53.6	32	51.2
With epidemic encephalitis	45	34.5	46	35.1
With other infectious diseases	13	44.3	2	31.0
Alcoholic psychoses	904	57.4	465	57.4
Due to drugs, etc.	8	50.0	7	56.4
Traumatic psychoses	58	49.8	23	48.9
With cerebral arteriosclerosis	1,144	70.5	249	69.1
With other disturbances of circulation	26	60.3	9	59.4
With convulsive disorders (epilepsy)	555	44.8	420	44.4
Senile psychoses	587	75.2	76	74.7
Involuntary psychoses	414	57.1	181	58.8
Due to other metabolic diseases, etc.	80	51.9	24	52.0
Due to new growth	3	55.0	2	50.0
With organic changes of nervous system	170	49.0	69	42.7
Psychoneuroses	108	47.7	93	46.0
Manic-depressive psychoses	852	49.3	1,119	52.8
Dementia praecox	6,661	48.7	5,505	48.5
Paranoia and paranoid conditions	438	57.4	268	57.8
With psychopathic personality	108	44.8	136	42.2
With mental deficiency	1,071	45.2	829	45.0
Undiagnosed psychoses	6	46.6	2	45.0
Without psychoses	101	42.3	68	45.3
Primary behavior disorders	7	22.1	2	25.0
Total With Mental Disorder	13,879	52.3	9,768	49.9
Total Without Mental Disorder	108	41.0	70	44.7
Grand Total	13,987	52.2	9,838	49.9

(See Tables 232 and 234 for detail)

PRESENT AGE OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938,
BY DIAGNOSIS

Table 81 gives the average present age of the different psychoses of first admissions and readmissions in the resident population. All first admissions in residence show an average present age of 52.2 years, 52.3 years for those "with mental disorder" and 41.0 years for those "without mental disorder". The highest average present ages are shown by senile psychoses with 75.2 years, cerebral arteriosclerosis with 70.5 years, other disturbances of circulation with 60.3 years and alcoholic psychoses and paranoia with 57.4 years. The youngest average ages are shown by convulsive disorders and psychopathic personality with 44.8 years each, other infectious diseases with 44.3 years and epidemic encephalitis with 34.5 years.

The readmissions in residence show an average present age of 49.9 years, 49.9 years for cases "with mental disorder" and 44.7 years for cases "without mental disorder". In readmissions high average present ages are shown by senile psychoses with 74.7 years, cerebral arteriosclerosis with 69.1 years, other disturbances of circulation with 59.4 years and involutional psychoses with 58.8 years. The low average present ages are shown by organic changes of the nervous system, 42.7 years; psychopathic personality, 42.2 years; epidemic encephalitis, 35.1 years and other infectious diseases, 31.0 years.

PRESENT AGE OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938, BY HOSPITAL

Table 82 outlines the present age of patients in various mental hospitals throughout the state on September 30, 1938, comparing this with the age at admission of these same patients. The same data is offered for patients temporarily out of hospital on visit, etc. The Boston Psychopathic Hospital, with a preponderance of temporary care cases, has the youngest resident population, averaging 39.0 years. Of the active admitting hospitals, the high averages in present age of first admissions in the resident population are shown by Boston State with 53.9 years, Taunton with 53.3 years and Danvers with 51.8 years. The youngest present age, 49.8 years, is shown by Foxborough. Of the transfer hospitals the high average is shown by Medfield, 55.3 years, and the low average by the Metropolitan, 52.4 years. The Hospital for Epileptics at Monson presents an average present age of 43.3 years. The admission ages of these same patients are also available by hospital. The hospitals which had a high average age of patients at time of admission are now tending to show high average ages in the resident population.

TABLE 82. — *Average Present Age and Admission Age of First and Readmissions in the Resident Population and Patients Out on September 30, 1938, by Hospital*

HOSPITALS	RESIDENT POPULATION				PATIENTS OUT			
	FIRST ADMISSIONS		READMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	Present Age	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission	Present Age	Age at Admission
Boston Psychopathic	39.0	39.0	36.8	36.8	36.2	35.5	41.5	41.5
Boston State	53.9	45.7	49.2	39.6	47.6	45.9	39.7	37.4
Taunton	53.3	45.2	49.5	41.7	40.4	38.2	41.5	39.1
Danvers	51.8	44.0	49.9	41.4	41.2	39.3	42.5	40.4
Westborough	51.7	44.5	50.6	43.0	44.6	42.1	45.9	41.2
Northampton	51.5	44.1	51.7	43.6	42.0	40.4	43.7	41.9
Worcester	51.3	42.3	50.9	41.5	46.2	43.2	43.8	41.6
Foxborough	49.8	42.7	48.3	39.8	39.4	37.6	43.5	40.3
Medfield	55.3	41.8	51.9	40.6	42.2	40.4	44.0	40.6
Grafton	55.0	41.4	53.4	40.7	52.1	43.4	48.3	41.0
Gardner	53.4	40.0	52.0	41.5	54.0	42.3	56.1	46.5
Metropolitan	52.4	48.2	48.8	43.7	41.0	37.6	42.8	39.0
Monson	43.3	33.4	43.3	32.9	29.9	26.7	36.0	32.0
Tewksbury	57.7	37.1	58.6	39.2	—	—	65.0	55.0
McLean	56.9	48.8	52.8	44.3	50.4	50.0	50.2	47.8
Bridgewater	51.0	34.4	47.9	37.6	—	—	45.0	25.0
Vet. Adm. Fac. No. 107	46.5	41.6	45.8	40.1	49.4	47.2	45.3	40.0
Vet. Adm. Fac. No. 95	45.4	37.9	44.5	35.1	—	—	47.0	41.0
Total	52.2	42.7	49.9	41.1	43.9	41.1	44.3	41.0

(See Tables 236-243 for detail)

Readmissions in the resident population show the high average present ages at Northampton with 51.7 years, Worcester with 50.9 years and Westborough with 50.6 years. Foxborough again shows the low average, 48.3 years, in the admitting group. Among the transfer hospitals, Grafton shows the high present age with 53.4 years and the Metropolitan Hospital the low with 48.8 years. The Hospital for Epileptics shows an average of 43.3 years.

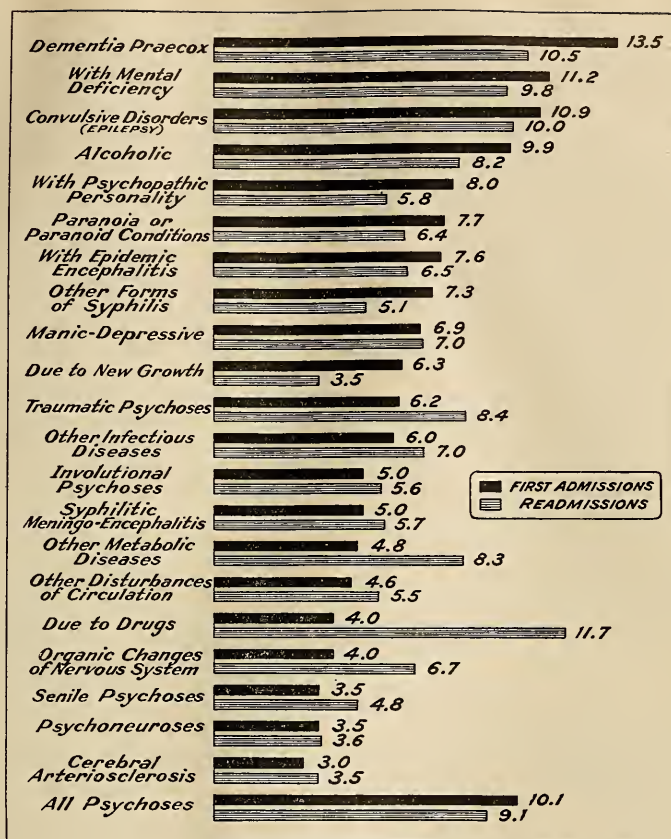
The study of the average present ages of patients who have been placed out on visit shows that they were drawn from the younger patients. The average present age of first admissions in the resident population was 52.2 years while the average of first admissions out on visit was 43.9 years. In the readmissions the present age of the resident population was 49.9 years while the present age of readmissions out on visit was 44.3 years.

TABLE 83. — *Average Length of Hospital Stay during the Present Admission, First and Readmissions in the Resident Population on September 30, 1938, by Diagnosis¹*

DIAGNOSES	TOTAL			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	5.06	6.08	5.28	4.83	5.99	5.09	5.62	6.30	5.77
With other forms of syphilis	6.38	7.70	6.78	6.54	9.46	7.38	5.90	3.72	5.15
With epidemic encephalitis	7.02	7.20	7.09	7.54	7.79	7.66	6.63	6.30	6.53
With other infectious diseases	10.72	3.93	6.20	10.72	3.17	6.07	—	7.00	7.00
Alcoholic psychoses	9.24	9.84	9.33	9.78	10.57	9.90	8.19	8.46	8.23
Due to drugs, etc.	7.66	7.64	7.65	1.81	4.77	4.03	10.00	16.25	11.78
Traumatic psychoses	6.96	6.25	6.83	6.62	4.91	6.21	7.65	25.00	8.40
With cerebral arteriosclerosis	2.90	3.34	3.12	2.82	3.23	3.02	3.27	3.84	3.57
With other disturbances of circulation	3.32	6.65	4.85	3.29	6.72	4.61	3.50	6.54	5.52
With convulsive disorders (epilepsy)	9.27	11.84	10.56	9.90	11.80	10.93	8.59	11.90	10.06
Senile psychoses	3.40	3.89	3.71	3.27	3.74	3.56	4.46	5.04	4.83
Involuntional psychoses	4.76	5.37	5.19	5.08	4.96	5.00	4.00	6.28	5.63
Due to other metabolic diseases, etc.	5.41	5.83	5.66	4.37	5.26	4.86	11.62	7.22	8.32
Due to new growth	1.50	6.15	5.22	1.50	8.81	6.37	—	3.50	3.50
With organic changes of nervous system	4.75	4.99	4.84	4.16	3.92	4.07	6.25	7.54	6.74
Psychoneuroses	3.26	3.87	3.62	2.88	3.94	3.56	3.59	3.77	3.68
Manic-depressive psychoses	6.56	7.22	6.97	6.51	7.17	6.93	6.59	7.26	7.01
Dementia praecox	12.19	12.13	12.16	13.73	13.30	13.51	10.37	10.71	10.54
Paranoia and paranoid conditions	6.50	7.57	7.21	7.08	8.03	7.71	5.50	6.84	6.40
With psychopathic personality	6.39	7.23	6.80	6.46	9.87	8.04	6.34	5.29	5.82
With mental deficiency	11.01	10.29	10.66	11.82	10.67	11.28	9.85	9.85	9.85
Undiagnosed psychoses . . . . .	.43	.35	.37	.75	.12	.22	.12	1.50	.81
Without psychoses:	7.33	8.10	7.58	8.64	8.36	8.55	5.27	7.75	6.14
Alcoholism . . . . .	.14	.25	.17	.16	.12	.15	.12	.33	.19
Drug Addiction . . . . .	.12	.75	.43	.12	—	.12	—	.75	.75
Epidemic encephalitis	2.62	—	2.62	—	—	—	2.62	—	2.62
Psychopathic personality — pathological sexuality . . . . .	.33	.12	.28	.33	.12	.28	—	—	—
Psychopathic personality — pathological emotionality . . . . .	.12	.12	.12	—	—	—	.12	.12	.12
Psychopathic personality — asocial or amoral trends . . . . .	.22	—	.22	.12	—	.12	.30	—	.30
Psychopathic personality — mixed types . . . . .	.35	4.50	1.04	.20	—	.20	.56	4.50	1.87
Epilepsy	4.25	3.50	4.06	.12	—	.12	6.31	3.50	5.37
Mental deficiency	12.98	12.00	12.63	14.20	12.44	13.60	10.33	11.23	10.68
Idiot	11.47	5.17	9.22	11.47	6.08	10.12	—	3.81	3.81
Imbecile	11.96	14.83	13.13	13.41	14.83	14.15	9.48	—	9.48
Moron	14.25	11.77	13.47	16.33	8.41	15.08	10.92	12.88	11.85
Other non-psychotic diseases or conditions	7.31	5.41	6.33	7.87	2.61	5.08	6.42	10.47	8.45
No other condition . . . . .	.81	3.81	1.36	.87	7.50	1.97	.75	.12	.62
Primary behavior disorders . . . . .	.52	.12	.38	.12	.12	.12	2.50	.12	1.31
Total With Mental Disorder	9.70	9.80	9.75	10.18	10.08	10.13	9.01	9.40	9.20
Total Without Mental Disorder	6.98	7.69	7.22	8.06	7.88	8.01	5.21	7.44	6.01
Grand Total	9.68	9.79	9.73	10.16	10.07	10.12	8.97	9.39	9.18

(See Tables 244-246 for detail)

¹This table considers only the length of time spent in hospitals during the *present* admission.



GRAPH 8. — LENGTH OF TIME IN RESIDENCE DURING THIS ADMISSION OF FIRST ADMISSIONS AND READMISSIONS IN RESIDENCE IN HOSPITALS FOR MENTAL DISORDERS ON SEPTEMBER 30, 1938, BY PSYCHOSES: AVERAGE IN YEARS

LENGTH OF HOSPITAL STAY OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938,
BY DIAGNOSIS

Table 83 and Graph 8 present the average length of hospital stay of first admissions and readmissions in residence at the end of the year, by diagnosis. The first admissions "with mental disorder" had remained a total of 10.13 years up to the end of 1938, 10.18 years for the males and 10.08 years for the females. In the resident first admissions, dementia praecox had shown the longest hospital stay, 13.5 years. Psychoses with mental deficiency, 11.2 years; convulsive disorders, 10.9 years; alcoholic psychoses, 9.9 years and psychopathic personality, 8.0 years, follow in order. The shorter hospital residences are shown by senile psychoses, 3.5 years; psychoneuroses, 3.5 years; with cerebral arteriosclerosis, 3.0 years; and undiagnosed psychoses, .2 years.

First admissions "without mental disorder" had remained an average of 8.0 years. Table 83 presents the length of stay of the subdivisions of the "without psychoses" group. The long residence observed appears to be due to cases of mental deficiency without psychosis. Twelve cases of idiocy had remained an average of 10.1 years each, 25 cases of imbecility had remained 14.1 years each and 19 morons had remained 15.0 years each. Thus, 56 of the 101 resident cases "without mental disorder" placed in the mental deficiency classification.

In readmissions the total "with mental disorder" had remained in residence 9.2 years, 9.0 years for the males and 9.4 years for the females. Psychoses due to drugs presented

the long hospital stay of 11.7 years. Next in order are dementia praecox, 10.5 years; convulsive disorders, 10.0 years; psychoses with mental deficiency, 9.8 years and traumatic psychoses, 8.4 years. The short hospital residences are shown by psychoneuroses, 3.6 years; cerebral arteriosclerosis and due to new growth, 3.5 years each; and undiagnosed psychoses, .8 years. The "without psychoses" group shows that two idiots remained 3.8 years each, seven imbeciles 9.4 years each and nineteen morons 11.8 years each. Of the 68 readmissions in residence diagnosed "without mental disorder", 28 were in the mental deficiency classification.

While the medical staffs of the various institutions have been unwilling to diagnose these patients as psychotic, they have considered them unsuitable for return to the community. The patients of the lower mental grades, at the idiot or imbecile level, are quite obviously unable to care for themselves. These patients, together with the morons, present such symptoms as irritability, excitability, assaultiveness and episodic outbursts which render their return to the community highly inadvisable. Hospital administrators report that these cases constitute some of their most serious conduct problems and that continued institutional care is necessary and highly advisable.

If we calculate the maintenance costs, capital investment, cost of a central department, depreciation, etc., we arrive at a total annual per capita cost of approximately \$450 for State hospital care of mental patients. With an average hospital stay during the present admission of 9.73 years, the patients at present in residence had cost the Commonwealth at the end of 1938 over one hundred and three millions of dollars (\$103,538,389.) during the present admission.

TABLE 84. — *Average Length of Hospital Stay during Previous Admissions and the Present Admission, Readmitted Cases in Residence September 30, 1938, by Diagnosis*

DIAGNOSES	Time in Institution during Previous Admissions			Time in Institution during Present Admission			Time in Institution during All Admissions		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	2.14	2.47	2.21	5.62	6.30	5.77	7.76	8.77	7.98
With other forms of syphilis	2.05	3.22	2.45	5.90	3.72	5.15	7.95	6.94	7.60
With epidemic encephalitis	2.19	1.50	1.98	6.63	6.30	6.53	8.82	7.80	8.51
With other infectious diseases	—	.12	.12	—	7.00	7.00	—	7.12	7.12
Alcoholic psychoses	3.58	4.04	3.64	8.19	8.46	8.23	11.77	12.50	11.87
Due to drugs, etc.	5.20	4.12	4.89	10.00	16.25	11.78	15.20	20.37	16.67
Traumatic psychoses	1.31	7.50	1.58	7.65	25.00	8.40	8.96	32.50	9.98
With cerebral arteriosclerosis	1.62	1.78	1.70	3.27	3.84	3.57	4.89	5.62	5.27
With other disturbances of circulation . . . . .	.91	.79	.83	3.50	6.54	5.52	4.41	7.33	6.35
With convulsive disorders (epilepsy)	3.07	2.58	2.85	8.59	11.90	10.06	11.66	14.48	12.91
Senile psychoses	2.12	2.59	2.42	4.46	5.04	4.83	6.58	7.63	7.25
Involuntional psychoses	1.40	1.72	1.63	4.00	6.28	5.63	5.40	8.00	7.26
Due to other metabolic diseases, etc.	2.70	1.31	1.66	11.62	7.22	8.32	14.32	8.53	9.98
Due to new growth	—	3.93	3.93	—	3.50	3.50	—	7.43	7.43
With organic changes of nervous system	1.63	2.84	2.08	6.25	7.54	6.74	7.88	10.38	8.82
Psychoneuroses . . . . .	.95	1.07	1.02	3.59	3.77	3.68	4.54	4.84	4.70
Manic-depressive psychoses	2.57	3.36	3.06	6.59	7.26	7.01	9.16	10.62	10.07
Dementia praecox	4.83	5.41	5.12	10.37	10.71	10.54	15.20	16.12	15.66
Paranoia and paranoid conditions	3.52	3.08	3.22	5.50	6.84	6.40	8.82	9.92	9.62
With psychopathic personality	2.47	2.66	2.57	6.34	5.29	5.82	8.81	7.95	8.39
With mental deficiency	6.75	6.81	6.78	9.85	9.85	9.85	16.60	16.66	16.63
Undiagnosed psychoses . . . . .	.12	.12	.12	.12	1.50	.81	.24	1.62	.93
Without psychoses	4.55	3.74	4.27	5.27	7.75	6.14	9.82	11.49	10.41
Primary behavior disorders	4.50	.12	2.31	2.50	.12	1.31	7.00	.24	3.62
Total With Mental Disorder	4.22	4.64	4.42	9.01	9.40	9.20	13.23	14.04	13.62
Total Without Mental Disorder	4.35	3.60	4.21	5.21	7.44	6.01	9.76	11.04	10.22
Grand Total	4.22	4.63	4.42	8.97	9.39	9.18	13.19	14.02	13.60

(See Tables 246 and 247 for detail).

LENGTH OF HOSPITAL STAY DURING PREVIOUS ADMISSIONS AND THE PRESENT ADMISSION, READMISSIONS IN RESIDENCE ON SEPTEMBER 30, 1938

Table 84 records the total hospital stay during their lives of readmissions in the resident population by reporting the length of time in hospitals during all previous admissions as well as during the present admission. A total of 9,838 readmissions had

TABLE 85. — *Color of Patients in Residence on September 30, 1938, by Diagnosis: Percentage Distribution*

DIAGNOSES	TOTAL		WHITE		BLACK		MULATTO		YELLOW		OTHERS		UNKNOWN	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With syphilitic meningo-encephalitis.	752	3.2	712	3.1	21	4.7	10	12.1	1	3.5	8	11.6	—	—
With other forms of syphilis	119	.5	108	.5	6	1.3	2	2.4	2	6.8	1	1.4	—	—
With epidemic encephalitis	91	.4	89	.4	2	.5	—	—	—	—	—	—	—	—
With other infectious diseases	15	.1	15	.1	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	1,369	5.8	1,329	5.7	32	7.2	3	3.6	1	3.5	4	5.8	—	—
Due to drugs, etc.	15	.1	15	.1	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	81	.3	80	.3	1	.2	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	1,393	5.9	1,352	5.8	35	7.8	1	1.2	1	3.5	4	5.8	—	—
With other disturbances of circulation	35	.2	35	.2	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	975	4.1	957	4.1	12	2.7	3	3.6	—	—	3	4.4	—	—
Senile psychoses	663	2.8	655	2.8	7	1.6	—	—	—	—	1	1.4	—	—
Involuntal psychoses	595	2.5	593	2.5	—	—	1	1.2	—	—	1	1.4	—	—
Due to other metabolic diseases, etc.	104	.4	103	.4	1	.2	—	—	—	—	—	—	—	—
Due to new growth	5	.02	4	.02	1	.2	—	—	—	—	—	—	—	—
With organic changes of nervous system	239	1.0	234	1.0	4	.9	—	—	—	—	1	1.4	—	—
Psychoneuroses	201	.8	200	.9	1	.2	—	—	—	—	—	—	—	—
Manic-depressive psychoses	1,971	8.3	1,927	8.3	34	7.6	7	8.4	1	3.5	2	2.9	—	—
Dementia praecox	12,166	51.0	11,829	51.0	228	51.0	49	59.0	21	72.4	37	53.6	2	100.0
Paranoia and paranoid conditions	706	2.9	690	3.0	14	3.1	—	—	2	6.8	—	—	—	—
With psychopathic personality	244	1.0	233	1.0	10	2.2	1	1.2	—	—	—	—	—	—
With mental deficiency	1,900	7.9	1,852	8.0	35	7.8	6	7.2	—	—	7	10.1	—	—
Undiagnosed psychoses	8	.03	6	.03	2	.5	—	—	—	—	—	—	—	—
Without psychoses	169	.7	168	.7	1	.2	—	—	—	—	—	—	—	—
Primary behavior disorders	9	.04	9	.04	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder	23,647	99.2	23,018	99.2	446	99.8	83	100.0	29	100.0	69	100.0	2	100.0
Total Without Mental Disorder	178	.74	177	.74	1	.2	—	—	—	—	—	—	—	—
Grand Total	23,825	100.0	23,195	100.0	447	100.0	83	100.0	29	100.0	69	100.0	2	100.0

(See Table 248 for detail)

spent an average of 4.42 years in hospitals during previous admissions. During this present admission they have remained in hospitals an average of 9.18 years, which gives a total hospital stay, up to the end of 1938, of 13.60 years.

The longest hospital residences during previous admissions are shown by mental deficiency, 6.7 years; dementia praecox, 5.1 years; and psychoses due to drugs, 4.8 years. The short hospital residences during previous admissions are shown by other disturbances of circulation, .83 years, and other infectious diseases and undiagnosed psychoses, .12 years each. As the length of time in residence during the present admission has been discussed in Table 83 we pass on to the total time in hospital during the previous admissions as well as the present admission. In this total time the long hospital residences are observed in psychoses due to drugs and with mental deficiency, 16.6 years each; dementia praecox, 15.6 years; convulsive disorders, 12.9 years and alcoholic psychoses, 11.8 years. The short total hospital residences are observed in cerebral arteriosclerosis, 5.2 years; psychoneuroses, 4.7 years; and undiagnosed psychoses, .9 years.

Using the estimated cost of \$450 per year, these 9,838 readmissions have cost the Commonwealth, during all previous admissions, an average of \$1,989 each, during previous admissions, or a total of \$19,567,782 up to the end of 1938. Adding the total cost of the present admissions in residence of \$103,538,389 (see preceding section), we have a grand total cost during all admissions, for the resident population of \$123,106,171. The total costs of 103 millions in a previous table covered only the present admission.

COLOR OR RACE OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938

Table 85 presents the color or race of patients in residence in mental hospitals on September 30, 1938, by diagnosis. In this table we will discuss the eight psychoses which are most important numerically. Dementia praecox makes up 72% of the yellow group, 59% of the mulatto and 51% of the black and the same percentage of the white. Psychoses with mental deficiency make up 8% of the white and 7% of both the black and the mulatto. The alcoholic psychoses comprise 7% of the black, 5% of the white and 3% of both the mulatto and the yellow. Psychoses with cerebral arteriosclerosis make up 7% of the black, 5% of the white, 3% of the yellow and 1% of the mulatto. Manic-depressive psychoses contribute 8% of the white and mulatto groups, 7% of the black and 3% of the yellow. Psychoses with convulsive disorders contribute 4% of the white, 3% of the yellow and 2% of the black. Psychoses with syphilitic meningo-encephalitis make up 12% of the mulatto, 4% of the black and 3% of the white. Paranoia shows 6% of the yellow and 3% of both the black and the white.

TABLE 86. — *Country of Birth of First and Readmissions in the Resident Population on September 30, 1938: Rates per 100,000 of Same Country of Birth 15 Years of Age and Over, 1930 Census*

COUNTRY OF BIRTH	FIRST ADMISSIONS		READMISSIONS	
	Number	Rate	Number	Rate
Austria	129	3,039	53	1,248
Portugal	183	750	72	295
Finland	96	744	56	434
Turkey	46	738	44	706
Ireland	1,129	715	706	447
Poland	467	657	198	278
Russia	384	570	380	564
Germany	102	504	66	326
Greece	83	500	54	325
France	26	438	20	337
Italy	535	433	345	279
Sweden	157	431	109	299
Norway	23	428	16	297
United States	8,661	422	6,621	322
Canada ¹	1,162	408	594	208
England	289	375	171	222
Scotland	99	315	64	204
All other countries	416	487	269	315
Total	13,987	453	9,838	319

(See Table 230 for detail)

¹ Includes Newfoundland.

COUNTRY OF BIRTH OF PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938

Table 86 shows the country of birth of patients in the resident population, giving the residence rates per 100,000 of the same country of birth aged 15 years and over (1930 census) by first admissions and readmissions. Of the 13,987 first admissions in the resident population, Austria shows the high residence rate of 3,039 per 100,000 of the State population born in Austria. Portugal, Finland, Turkey and Ireland show residence rates of 750, 744, 738 and 715 respectively. Poland presents a residence rate of 657. Russia, Germany and Greece present rates of 570, 504 and 500 respectively. Norway, the United States, Canada, England and Scotland present the low residence rates of 428, 422, 408, 375 and 315 respectively. Thirteen countries show residence rates for mental disorders which are higher than the rate of the United States, 422.

For the 9,838 readmissions in residence the high residence rate of 1,248 is shown by Austria. Other countries with high rates are Turkey with 706, Russia with 564, Ireland with 447 and Finland with 434. The low residence rates are shown by England with 222, Canada with 208 and Scotland with 204.

The incidence of mental disorders by country of origin can be measured much more accurately in the tables dealing with first admissions and readmissions coming into mental hospitals. These figures, however, do measure any tendency towards retention within mental hospitals of patients born in certain countries. The handicaps imposed by language difficulties in reference to possible return to the community are brought to mind in the finding that the English speaking groups, Canada, England and Scotland, are showing the low retention rates both in first admissions and in readmissions.

TABLE 87. — *County of Residence and Rates per 100,000 of (1) Patients Admitted to Hospitals during the Year Ended September 30, 1938; (2) Patients Remaining Within Institutions on September 30, 1938*

County of Residence at Time of Admission	ADMISSIONS DURING YEAR			Rate per 100,000 Population Same County ¹	County of Residence at Time of Admission	CASES REMAINING WITHIN INSTITUTIONS			Rate per 100,000 Population Same County ¹
	M.	F.	T.			M.	F.	T.	
Suffolk	1,139	941	2,080	223.	Suffolk	3,175	3,411	6,586	706.
Barnstable	36	26	62	157.	Nantucket	10	10	20	591.
Hampshire	64	47	111	147.	Hampshire	255	185	440	586.
Middlesex	742	669	1,411	144.	Dukes	18	18	36	585.
Plymouth	144	100	244	144.	Hampden	920	973	1,893	569.
Worcester	398	296	694	139.	Plymouth	506	408	914	541.
Franklin	41	29	70	134.	Essex	1,372	1,188	2,560	503.
Essex	377	283	660	129.	Berkshire	327	281	608	501.
Hampden	231	196	427	128.	Bristol	921	913	1,834	498.
Norfolk	232	193	425	127.	Worcester	1,281	1,100	2,381	477.
Bristol	219	170	389	105.	Franklin	149	96	245	472.
Berkshire	63	45	108	89.	Middlesex	2,211	2,338	4,549	467.
Nantucket	—	2	2	59.	Barnstable	78	78	156	397.
Dukes	3	—	3	48.	Norfolk	623	669	1,292	387.
Non-resident of State	118	65	183	—	Non-resident of State	133	45	178	—
Unknown	21	6	27	—	Unknown	127	6	133	—
Total	3,828	3,068	6,896	156.	Total	12,106	11,719	23,825	540.

(See Table 252 for detail)

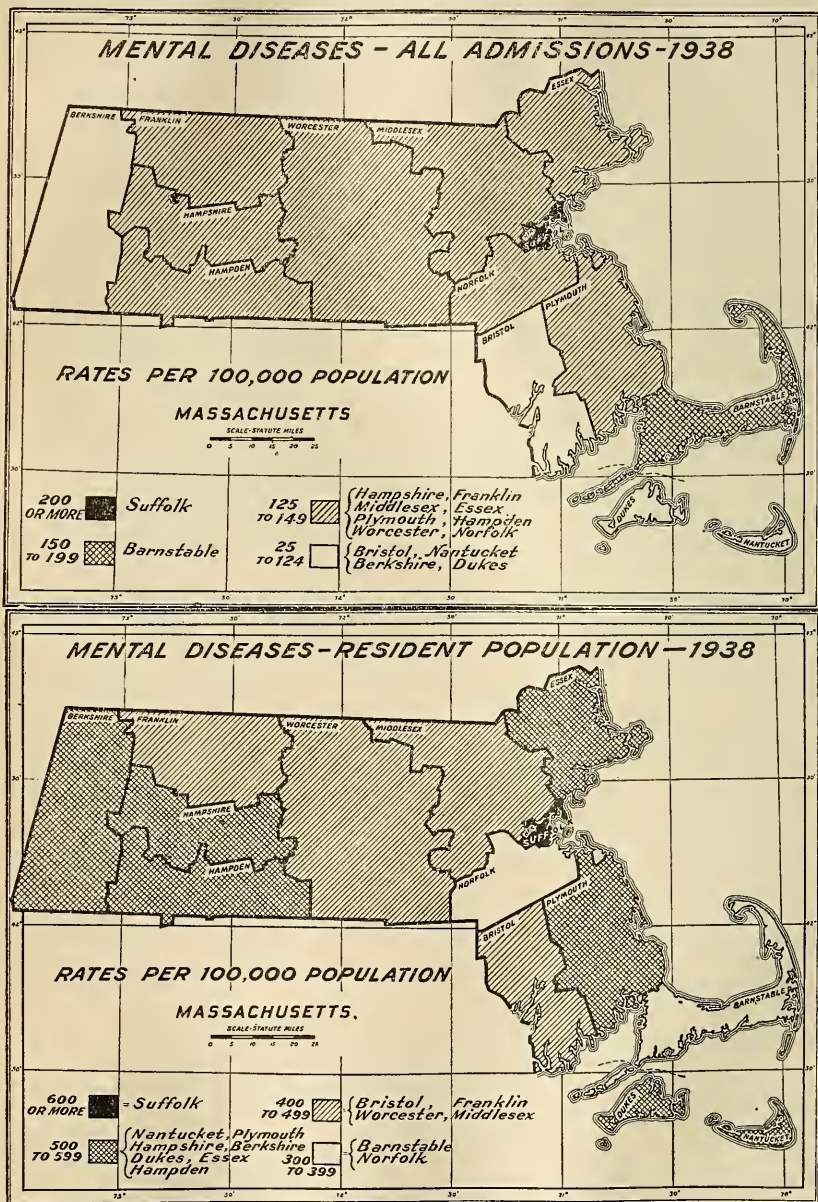
¹ Estimated population of each county, 1938.

COUNTY OF RESIDENCE OF ADMISSIONS AND OF THE RESIDENT POPULATION ON SEPTEMBER 30, 1938: RATES PER 100,000 POPULATION

Table 87 and Graph 9 give the county of residence of the patient at the time of admission and also the rates per 100,000 of the population of the same county both for cases admitted during 1938 and for patients in residence at the end of 1938. Considering all admissions during the year, we find Suffolk County showing the high admission rate of 223 persons per 100,000 of the population. The next county, Barnstable, shows a drop of 29% to a rate of 157. Hampshire and Middlesex are third and fourth with rates of 147 and 144 respectively. Berkshire, Nantucket and Dukes show the low admission rates of 89, 59 and 48 respectively.

In the resident population Suffolk again shows the high residence rate of 706. Nantucket is second with 591, Hampshire third with 586 and Dukes fourth with 585. The

low residence rates are shown by Barnstable, 397 and Norfolk, 387. Comparing the counties in both admission rates and residence rates, we find that Suffolk, Hampshire and Plymouth are the only counties appearing in the first six positions in both groups. Barnstable, Middlesex and Worcester, high in admissions, are low in the resident population.



GRAPH 9. — COUNTY OF RESIDENCE AT TIME OF ADMISSION, ALL ADMISSIONS, 1938, AND RESIDENT POPULATION ON SEPTEMBER 30, 1938: RATES PER HUNDRED THOUSAND POPULATION

ADMISSIONS, 1938, AND PATIENTS IN RESIDENCE ON SEPTEMBER 30, 1938, FOR THE
FORTY LARGEST CITIES IN MASSACHUSETTS: RATES PER 100,000 POPULATION

Table 88 gives the numbers and rates for all admissions, 1938, and for the resident population of mental hospitals at the end of 1938 coming from the forty Massachusetts cities largest in population at the time of the 1935 decennial census. In the admissions, Northampton shows the high admission rate for 1938 of 236 persons per 100,000. Then follow in order Boston with 232, Chelsea with 213, Cambridge with 206, Framingham with 203, Arlington with 197, Worcester with 176 and Brookline with 170. The low admission rates are shown by North Adams with 99, Peabody with 95, Fall River with 80 and Pittsfield with 73.

In the resident population of mental hospitals, patients who originally came from Boston show the high residence rate of 751. Other high residence rates occur in patients originally resident in Cambridge, 669; Brockton, 658; Attleboro, 650; Holyoke, 644; and Lowell, 642. The low rates for patients in residence are shown by patients coming originally from Medford, 353; Melrose, 329; and Watertown, 326.

TABLE 88. — *Admissions to Hospitals for Mental Disorders, 1938, and Cases in Residence on September 30, 1938, from the Forty Largest Cities and Towns in Massachusetts: Rates per 100,000 Population (1935)*

CITY OR TOWN	Population 1935 ¹	Admissions 1938	Rate per 100,000	Resident Population September 30, 1938	Rate per 100,000
Boston	817,713	1,899	232.	6,145	751.
Cambridge	118,075	244	206.	791	669.
Brockton	62,407	100	160.	411	658.
Attleboro	21,835	34	155.	142	650.
Holyoke	56,139	77	137.	362	644.
Lowell	100,114	106	105.	643	642.
Lawrence	86,785	114	131.	513	591.
Northampton	24,525	58	236.	145	591.
Waltham	40,557	62	152.	239	589.
Springfield	149,642	198	132.	880	588.
Framingham	22,651	46	203.	131	578.
North Adams	22,085	22	99.	127	575.
Fitchburg	41,700	55	131.	237	568.
Lynn	100,909	163	161.	572	566.
Salem	43,472	46	105.	244	561.
Worcester	190,471	337	176.	1,039	545.
Chelsea	42,673	91	213.	230	538.
Chicopee	41,952	45	107.	225	536.
New Bedford	110,022	111	100.	588	534.
Haverhill	49,516	54	109.	263	531.
Gloucester	24,164	36	148.	127	525.
Taunton	37,431	47	125.	192	512.
Peabody	22,082	21	95.	113	511.
Fall River	117,414	94	80.	587	499.
Malden	57,277	87	151.	285	497.
Pittsfield	47,516	35	73.	229	481.
Somerville	100,773	132	130.	466	462.
Weymouth	21,748	28	128.	98	450.
Leominster	21,894	25	114.	97	443.
Everett	47,228	65	137.	191	404.
Revere	35,319	58	164.	143	404.
Arlington	38,539	76	197.	148	384.
Brookline	50,319	86	170.	191	379.
Beverly	25,871	35	135.	98	378.
Belmont	24,831	27	108.	91	366.
Newton	66,144	109	164.	240	362.
Quincy	76,909	108	140.	275	357.
Medford	61,444	65	105.	217	353.
Melrose	24,256	34	140.	80	329.
Watertown	35,827	52	145.	117	326.
Total	3,080,229	5,082	164.	17,912	581.

(See Table 252 for detail)

¹ Massachusetts Decennial Census, 1935.

Mental Deficiency

Section F. General Discussion of all Classes Under Care in State Schools for the Mentally Deficient, 1938

Section F is devoted to a general discussion of all classes of the mentally deficient under care in public and private schools for the year 1938.

PATIENTS IN SCHOOLS FOR THE MENTALLY DEFICIENT ON SEPTEMBER 30, 1938

Table 89 shows that the public and private institutions for the mentally deficient had 5,363 patients within institutions at the end of the statistical year, 1938. A total of 6,191 were on the books of the various schools, including cases supervised by the Division of Mental Deficiency. The State schools had 5,225 patients within institutions and 5,702 patients carried on the books. The Belchertown State School had a total of 1,296 within the institution and 1,445 on the books. The Walter E. Fernald State School had 1,956 patients within the institution and 2,071 on the books. The Wrentham State School had 1,973 within the institution and 2,186 on the books. The Division of Mental Deficiency was supervising 346 mentally defective individuals. Six private schools had 138 patients within institutions and 143 on the books.

TABLE 89. — *Number of Patients in Public and Private Schools for the Mentally Defective September 30, 1938, by School*

SCHOOLS	ACTUALLY IN THE INSTITUTIONS	ON THE BOOKS
State:		
Belchertown	1,296	1,445
Walter E. Fernald	1,956	2,071
Wrentham	1,973	2,186
Total	5,225	5,702
Mental Defectives in Community under Div. of Mental Deficiency	—	346
Private:		
Elm Hill	20	20
Mentally Defective in Hospital Cottages	59	62
Standish Manor	6	6
Perkins School of Adjustment	38	40
The Freer School	7	7
Clarke School	8	8
Total	138	143
Total, all patients	5,363	6,191

NOTE: — In addition to the above, there were 2,021 cases on the books, (1,900 cases within and 121 cases out of mental hospitals on September 30, 1938), who were diagnosed as "Psychoses with mental deficiency." There were 97 on the books, (84 cases within and 13 cases out of mental hospitals) who were diagnosed as "Without psychoses — mental deficiency."

Comparing the figure of 5,225 actually within State institutions for 1938 with the figure of 5,244 for 1937, we observe a decrease of .3%. The rate per 100,000 of the population for 1938 is 121.5 for patients actually within institutions and 140.3 for the total on the books. These rates do not picture the incidence of mental defect but simply reflect the rate of institutional provision for mental defectives for the particular year, 1938.

ALL ADMISSIONS TO STATE SCHOOLS FOR THE MENTALLY DEFICIENT, 1904-1938

Table 90 gives the number of patients who entered the State schools during each year, 1904-1938 inclusive. The largest numbers of admissions to the Walter E. Fernald State School occurred in 1905, 1909 and 1923 with 282, 275 and 323 admissions, respectively. Wrentham State School admitted the largest numbers in 1916, 1914 and 1921 with 482, 240 and 238 respectively. Belchertown State School admitted the largest number in 1931, 202 cases.

For all three schools, the largest numbers of patients, 667 and 586, were admitted in 1916 and 1923 respectively. Observing particularly the period from 1923 onward, during which all three State schools were functioning, we note a steady decrease from 586 admissions in 1923 to 280 admissions in 1938. Mental deficiency is not decreasing in Massachusetts, but overcrowding in State schools has reached the point where only a small number can be admitted.

During the entire 35-year period a total of 13,082 cases have been admitted to all State schools. A total of 6,491 patients were admitted to the Walter E. Fernald State School, or an average of 185 admissions per year. During the last 29 years, 4,861 cases

have been admitted to the Wrentham State School, or an average of 167 admissions per year. Over the 16-year period 1923-1938, 1,730 patients have been admitted to the Belchertown State School, or an average of 108 admissions per year. As the present rated capacities of both Wrentham and Belchertown are smaller than that of Fernald, their admission averages are necessarily lower.

TABLE 90. — *All Admissions from the Community¹ to State Schools for the Mentally Defective, 1904-1938, by School*

YEAR	TOTAL	WALTER E. FERNALD	WRENTHAM	BELCHERTOWN
1904	100	100	—	—
1905	282	282	—	—
1906	187	187	—	—
1907	215	215	—	—
1908	273	273	—	—
1909	275	275	—	—
1910	377	250	127	—
1911	266	188	78	—
1912	361	190	171	—
1913	228	192	36	—
1914	468	228	240	—
1915	322	231	91	—
1916	667	185	482	—
1917	363	195	168	—
1918	418	190	228	—
1919	372	230	142	—
1920	356	220	136	—
1921	414	176	238	—
1922	283	174	109	—
1923	586	323	164	99
1924	556	245	196	115
1925	435	146	147	142
1926	355	147	117	91
1927	382	167	149	66
1928	410	172	113	125
1929	304	117	133	54
1930	434	101	180	153
1931	461	88	171	202
1932	369	109	141	119
1933	478	183	219	76
1934	471	157	213	101
1935	392	125	173	94
1936	455	137	209	109
1937	487	205	173	109
1938	280	88	117	75
Total	13,082	6,491	4,861	1,730

¹ All First and Readmissions included but not transfers.

ALL ADMISSIONS TO STATE SCHOOLS, 1904-1938: RATES PER 100,000 OF THE POPULATION

Table 91 shows the total number of admissions to State schools for the years 1904-1938 and the rate of admission per 100,000 of the general population for each year. In general, the admission rates were higher during the middle period, 1914-1925, than during the earlier or later periods. The number of admissions is, of course, dependent upon the available accommodations. The rates for the years 1923-1925 are quite high, due to the opening of the Belchertown State School. The rate of 6 admissions per 100,000 of the population for 1938 is a decided decrease from the rate of 11 for 1937. The admission rates for the males are higher than those for the females in all but 7 years of the 35-year period.

Over the entire period, 1904-1938, the admission rates for mental defectives have remained on approximately the same level. Over the past 13 years the rates have been somewhat lower than those of the ten years preceding 1925. It should be recalled, however, that these admissions do not represent the community demand for institutional care for the mental defective but simply register the number of beds available for new admissions each year. The current list of 2,827 individuals awaiting admission during 1938, demonstrates how the actual demands for institutional provision for mental defectives are exceeding the present provisions.

CASES IN RESIDENCE IN STATE SCHOOLS, 1904-1938

Table 92 reveals the number of patients within State schools and the residence rates per 100,000 of the population for the years 1904-1938. In this table we observe a gradual

increase from a rate of 27 patients in residence per 100,000 population in 1904 to a rate of 118 in the year 1938. This table shows the efforts made by the State to meet the problem of the mental defective. Since 1904 the rate for patients in residence increased 337% or about 10% per year. For mental disorders in State hospitals the increase was 2% per year.

TABLE 91. — *Number of Patients Admitted to State Schools for Mental Defectives, 1904-1938, by Sex: Rates per 100,000 Population*

YEAR	NUMBER OF ADMISSIONS ¹			NUMBER OF ADMISSIONS PER 100,000 POPULATION ²		
	M.	F.	T.	M.	F.	T.
1904	65	35	100	4.	2.	3.
1905	167	115	282	11.	7.	9.
1906	110	77	187	7.	4.	5.
1907	118	97	215	7.	5.	6.
1908	184	89	273	11.	5.	8.
1909	171	104	275	10.	6.	8.
1910	214	163	377	12.	9.	11.
1911	176	90	266	10.	5.	7.
1912	183	178	361	10.	10.	10.
1913	155	73	228	8.	4.	6.
1914	279	189	468	15.	10.	13.
1915	199	123	322	11.	6.	8.
1916	343	324	667	19.	17.	18.
1917	229	134	363	12.	7.	9.
1918	230	188	418	12.	9.	11.
1919	245	127	372	13.	6.	9.
1920	192	164	356	10.	8.	9.
1921	191	223	414	10.	11.	10.
1922	169	114	283	8.	5.	7.
1923	333	253	586	17.	12.	14.
1924	294	262	556	14.	12.	13.
1925	206	229	435	10.	11.	10.
1926	197	158	355	9.	7.	8.
1927	213	169	382	10.	7.	9.
1928	272	138	410	13.	6.	9.
1929	172	132	304	8.	6.	7.
1930	189	245	434	9.	11.	10.
1931	211	250	461	10.	11.	10.
1932	166	203	369	8.	9.	8.
1933	260	218	478	12.	9.	10.
1934	227	244	471	10.	10.	10.
1935	203	189	392	9.	8.	9.
1936	233	222	455	11.	9.	10.
1937	293	194	487	13.	8.	11.
1938	134	146	280	6.	6.	6.

¹ Does not include transfers.

² Population estimated for intercensal years.

From 1904 to 1921 inclusive, the males showed higher rates for patients in residence. From 1922 onward, however, a balance has been preserved between the sexes. In other words, the female mental defective has become more of a problem since 1922. During the six years previous to 1937, the rates for the females exceeded those of the males. In 1937 and 1938 the male rate is higher.

The last column of Table 92 gives the percentage increase over the preceding year of patients in residence. The largest increase, 22%, occurred in 1905. There is then a period of smaller increases up to 1911. From 1912 to 1923, the percentage increases are on a high level. From 1924 to 1937 the increases are consistent and on a low general level. This year, for the third time since 1904, there is a decrease, although only of eight tenths of one per cent.

NUMBER AND PERCENTAGE OF PATIENTS "ON VISIT", "ON PAROLE" AND "ON ESCAPE" FROM STATE SCHOOLS, 1910-1938

Table 93 shows that the lowest percentage of patients "on visit" and "on parole", 4.8%, occurred in 1910. There was a gradual increase over the following years until the high percentage of 13.7% was reached in 1924. Since that time there has been a steady decline. Since the year 1928 it has been possible to differentiate the cases "on visit", "on parole" and "on escape". It will be noted that the percentage "on visit" has maintained an even level, as has the percentage "on parole". These individuals, who have been earning their own living in the community in the face of economic conditions during the past ten years, testify to the excellent work of the social service departments of the State schools. The percentage of patients "on escape" at the end of each

statistical year varies between the low figures of .4% in 1910 and .2% in 1938 and the high point of 2.8% in 1919. In the last four years there has been a decided drop in the percentage "on escape."

TABLE 92. — *Number of Patients in Residence in State Schools for Mental Defectives, on September 30 of each Year, 1904-1938: Rates per 100,000 Population*

YEAR	RESIDENT PATIENTS IN STATE SCHOOLS			RATES PER 100,000 POPULATION			Percentage Increases on Rates
	M.	F.	T.	M.	F.	T.	
1904 . . .	513	334	847	34.	21.	27.	—
1905 . . .	617	411	1,028	40.	26.	33.	22
1906 . . .	668	452	1,120	43.	28.	35.	6
1907 . . .	713	515	1,228	45.	31.	38.	8
1908 . . .	793	539	1,332	49.	32.	40.	5
1909 . . .	856	587	1,443	52.	34.	43.	7
1910 . . .	915	652	1,567	55.	38.	46.	6
1911 . . .	968	674	1,642	57.	38.	48.	4
1912 . . .	1,049	796	1,845	61.	45.	53.	10
1913 . . .	1,091	829	1,920	63.	46.	54.	1
1914 . . .	1,227	967	2,194	70.	53.	61.	12
1915 . . .	1,292	1,016	2,308	72.	55.	63.	3
1916 . . .	1,376	1,206	2,582	76.	65.	70.	11
1917 . . .	1,419	1,254	2,673	77.	66.	72.	2
1918 . . .	1,431	1,332	2,763	77.	69.	73.	1
1919 . . .	1,432	1,307	2,739	76.	67.	71.	2*
1920 . . .	1,452	1,368	2,820	76.	69.	73.	2
1921 . . .	1,466	1,475	2,941	76.	74.	75.	2
1922 . . .	1,389	1,460	2,849	72.	72.	72.	4*
1923 . . .	1,592	1,647	3,239	81.	81.	81.	12
1924 . . .	1,699	1,761	3,460	86.	85.	86.	6
1925 . . .	1,746	1,847	3,593	88.	89.	88.	2
1926 . . .	1,796	1,864	3,660	89.	89.	89.	1
1927 . . .	1,852	1,935	3,787	91.	91.	91.	2
1928 . . .	1,956	1,956	3,912	95.	91.	93.	—
1929 . . .	1,980	1,961	3,941	96.	90.	93.	—
1930 . . .	2,050	2,109	4,159	98.	96.	97.	4
1931 . . .	2,135	2,277	4,412	103.	104.	103.	6
1932 . . .	2,205	2,361	4,566	106.	108.	107.	3
1933 . . .	2,316	2,455	4,771	108.	109.	109.	1
1934 . . .	2,375	2,558	4,933	110.	112.	111.	1
1935 . . .	2,399	2,610	5,009	113.	116.	115.	3
1936 . . .	2,461	2,672	5,133	116.	118.	117.	1
1937 . . .	2,570	2,674	5,244	120.	118.	119.	1
1938 . . .	2,547	2,678	5,225	119.	117.	118.	.8*

* Indicates percentage decrease.

TABLE 93. — *Number and Percentage of Patients "On Visit", "On Parole", and "On Escape" from State Schools September 30, 1910-1938*

YEAR	Number on the Books	Number on Visit and Parole	Percent	Number on Visit	Percent	Number on Parole	Percent	Number on Escape	Percent
1910 . . .	1,654	80	4.8	—	—	—	—	7	.4
1911 . . .	1,772	115	6.4	—	—	—	—	15	.8
1912 . . .	1,985	130	6.5	—	—	—	—	10	.5
1913 . . .	2,049	104	5.0	—	—	—	—	23	1.1
1914 . . .	2,366	157	6.6	—	—	—	—	15	.6
1915 . . .	2,471	134	5.4	—	—	—	—	28	1.1
1916 . . .	2,873	237	8.2	—	—	—	—	54	1.8
1917 . . .	2,947	222	7.5	—	—	—	—	52	1.7
1918 . . .	3,115	305	9.8	—	—	—	—	47	1.5
1919 . . .	3,219	387	12.0	—	—	—	—	93	2.8
1920 . . .	3,163	290	9.1	—	—	—	—	53	1.6
1921 . . .	3,375	376	11.1	—	—	—	—	58	1.7
1922 . . .	3,315	401	12.1	—	—	—	—	65	1.9
1923 . . .	3,762	463	12.3	—	—	—	—	60	1.5
1924 . . .	4,075	560	13.7	—	—	—	—	55	1.3
1925 . . .	4,125	488	11.8	—	—	—	—	44	1.0
1926 . . .	4,145	429	10.3	—	—	—	—	56	1.3
1927 . . .	4,162	332	7.9	—	—	—	—	70	1.6
1928 . . .	4,304	—	—	109	2.5	216	5.0	67	1.5
1929 . . .	4,363	—	—	108	2.5	231	5.3	83	1.9
1930 . . .	4,557	—	—	111	2.4	218	4.7	69	1.5
1931 . . .	4,815	—	—	107	2.8	203	4.2	93	1.9
1932 . . .	4,957	—	—	91	1.8	205	4.1	95	1.9
1933 . . .	5,202	—	—	110	2.1	233	4.4	88	1.6
1934 . . .	5,410	—	—	142	2.6	247	4.5	88	1.6
1935 . . .	5,444	—	—	141	2.5	259	4.7	35	.6
1936 . . .	5,597	—	—	151	2.6	286	5.1	27	.4
1937 . . .	5,749	—	—	145	2.5	337	5.8	23	.4
1938 . . .	5,702	—	—	140	2.4	302	5.2	15	.2

PATIENTS OUT OF STATE SCHOOLS ON SEPTEMBER 30, 1938

The number of patients "on visit", "on parole" and "on escape" from State schools in 1938 was 457, 8.0% of the total number on the books (Table 94); 140 or 2.4% were "on visit"; 302 or 5.2% were "on parole" and 15 or .2% were "on escape".

TABLE 94. — *Number of Patients "On Visit", "On Parole", and "On Escape" from State Schools on September 30, 1938, by School*

STATE SCHOOLS	Number on Books	"ON VISIT"		"ON PAROLE"		"ON ESCAPE"		TOTAL	
		Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent	Num- ber	Per- cent
Belchertown	1445	29	2.0	90	6.2	10	.6	129	8.9
Walter E. Fernald	2071	33	1.5	79	3.8	3	.1	115	5.5
Wrentham	2186	78	3.5	133	6.0	2	.09	213	9.7
Total	5702	140	2.4	302	5.2	15	.2	457	8.0

On September 30, 1938, the Belchertown State School had 29 patients or 2.0% of its population out "on visit"; 90 patients or 6.2% "on parole"; and 10 patients or .6% "on escape". A total of 129 patients or 8.9% of the cases on the books were out of the institution. The Fernald State School had 33 patients or 1.5% of its total population "on visit"; 79 patients or 3.8% "on parole"; and 3 patients or .1% "on escape". A total of 115 patients, or 5.5% of the patients on the books, were out of the institution on September 30, 1938. The Wrentham State School had 78 patients or 3.5% of its population "on visit"; 133 patients or 6.0% "on parole"; and 2 or .09% "on escape". A total of 213 patients or 9.7% were out of the institution at the end of the statistical year.

Patients "on visit" are those absent from the State schools for a definite period of time. Patients "on parole" are usually working and remain in the community for an indefinite period, the length of this period being dependent upon their adjustment in the community.

Table 95 outlines the total number of visits from State schools during the year 1938. The Walter E. Fernald State School shows the highest visit rate for the year, 316 visits per 1,000 daily average population on the books. Wrentham is second with a rate of 282 and Belchertown third with a rate of 270. More males go out on visit than females, as is shown in the rate of 308 for the males as compared with 277 for the females. In both Wrentham and Walter E. Fernald State Schools, visit rates of the males are higher than those of the females. At Belchertown the visit rate for the females is 34 points higher than that for the males.

TABLE 95. — *Number of Visits during the Year 1938, by State Schools and Sex: Rates per 1,000 Daily Average Population on Books*

SCHOOLS	DAILY AVERAGE POPULATION ON BOOKS			NUMBER OF VISITS DURING YEAR			RATES PER 1,000 DAILY AVERAGE POPULATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	545.8	746.2	1,292.0	137	213	350	251.	285.	270.
Walter E. Fernald	1,140.1	788.2	1,928.3	365	245	610	320.	310.	316.
Wrentham	832.2	1,109.3	1,941.5	274	275	549	329.	247.	282
Total	2,518.1	2,643.7	5,161.8	776	733	1,509	308.	277.	292.

Section C. Admissions to State Schools for the Mentally Deficient, 1938

The following section discusses various factors in connection with all admissions to the three State schools for the mentally deficient for the year October 1, 1937 to September 30, 1938, inclusive.

LEGAL STATUS OF FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1938

Table 96 reveals that a total of 288 admissions were received at the three State schools during the year; 119 or 41.3% were admitted under regular court commitment, 161 or 55.9% were admitted on the voluntary or "school" status, and 8 or 2.7% were admitted by transfer. First admissions comprise by far the largest proportion of admissions to the State schools, 251 or 87%, compared with 37 or 13% of readmissions.

TABLE 96. — *Legal Status of Admissions to State Schools, 1938*

TYPE OF ADMISSION	TOTAL			COURT			VOLUNTARY			OBSERVATION			TRANSFER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions . . .	114	137	251	42	64	106	72	73	145	—	—	—	—	—	—
Readmissions . . .	22	15	37	9	4	13	11	5	16	—	—	—	2	6	8
Total . . .	136	152	288	51	68	119	83	78	161	—	—	—	2	6	8

MENTAL STATUS OF FIRST ADMISSIONS TO STATE SCHOOLS, 1928-1938

Table 97 shows the number of patients admitted, 1928-1938, in each of the mental status groups with rates per 100,000 of the population 24 years of age and under (1930 Census). The comparison is restricted to this population age grouping as about 92% of first admissions to State schools are less than 25 years of age. The total rate for all groups presents considerable irregularity, with a high rate of 24 in 1933, 1934 and 1937. Low rates occur in 1929, 1932 and 1938. In the case of mental defectives it must be remembered that admissions are dependent upon the number of beds available. The waiting list of nearly 3,000 children shows the number of urgent cases awaiting admission. The marked decrease to the rate of 13 for 1938 means that overcrowding has reached such a proportion the superintendents do not consider it safe to admit new patients.

TABLE 97. — *Mental Status of First Admissions to State Schools, 1928-1938: Numbers and Rates per 100,000 Population of State under 24 years of Age, 1930 Census*

YEARS	TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1928	390	21.	40	2.	91	4.	211	11.	48	2.
1929	280	15.	55	2.	81	4.	134	7.	10	.5
1930	403	21.	65	3.	104	5.	211	11.	23	1.
1931	426	23.	47	2.	97	5.	249	13.	33	1.
1932	346	18.	40	2.	82	4.	206	11.	18	.9
1933	447	24.	77	4.	142	7.	204	11.	24	1.
1934	451	24.	58	3.	176	9.	193	10.	24	1.
1935	379	20.	59	3.	133	7.	176	9.	11	.5
1936	428	23.	45	2.	158	8.	211	11.	14	.7
1937	453	24.	68	3.	145	7.	230	12.	10	.5
1938	251	13.	43	2.	85	4.	120	6.	3	.1

All the mental status groups have shown fluctuation, but no definite trend. The idiot and imbecile groups have now returned to the low rates of 1928, while the moron group has sunk to a rate of 6, 45% lower than the rate for 1928 and 50% lower than that for 1937.

TABLE 98. — *Mental Status of First and Readmissions to State Schools, 1938: Number and Percentage*

MENTAL STATUS	FIRST ADMISSIONS						READMISSIONS					
	Number			Percent			Number			Percent		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	19	24	43	16.6	17.5	17.1	2	—	2	10.0	—	6.9
Imbecile	40	45	85	35.1	32.8	33.9	8	1	9	40.0	11.1	31.0
Moron	54	66	120	47.4	48.2	47.8	9	8	17	45.0	88.9	58.6
Not Mentally Defective	1	2	3	.9	1.5	1.2	1	—	1	5.0	—	3.5
Total	114	137	251	100.0	100.0	100.0	20	9	29	100.0	100.0	100.0

(See Table 256 for detail)

MENTAL STATUS OF ALL ADMISSIONS TO STATE SCHOOLS, 1938

Table 98 outlines the mental status of first admissions and readmissions for the year 1938. The idiots make up 17.1%, the imbeciles 33.9%, the morons 47.8% and the not mentally defective 1.2% of first admissions. Among the readmissions the

percentage for the idiots is 6.9%, for the imbeciles 31.0%, for the morons 58.6% and for the not mentally defective 3.5%.

For the sexes the first admissions show a larger proportion of males in the imbecile group only. However, in all groups the differences are small.

FIRST ADMISSIONS AND READMISSIONS TO STATE SCHOOLS, 1938, BY SCHOOL

Of the total 280 admissions (exclusive of transfers) 251 or 89.6% were first admissions and 29 or 10.4% were readmissions (Table 99). Belchertown State School contributes 75 admissions, 70 or 93.3% first admissions and 5 or 6.7% readmissions. The Fernald State School contributes 88 admissions, 76 or 86.4% first admissions and 12 or 13.6% readmissions. The Wrentham State School presents 117 admissions, 105 or 89.7% first admissions and 12 or 10.3% readmissions. Apparently Belchertown is the most successful in keeping its discharges in the community, with only 6.7% of readmissions. At the other extreme, the Fernald State School shows the largest proportion of readmissions, 13.6%.

TABLE 99. — *Number and Percentage of First Admissions and Readmissions to State Schools, 1938, by School*

STATE SCHOOLS	Total Admissions	FIRST ADMISSIONS		READMISSIONS	
		Number	Percent	Number	Percent
Belchertown	75	70	93.3	5	6.7
Walter E. Fernald	88	76	86.4	12	13.6
Wrentham	117	105	89.7	12	10.3
Total	280	251	89.6	29	10.4

AGE OF ADMISSIONS TO STATE SCHOOLS, 1938, BY MENTAL STATUS

Table 100 presents the average ages of first admissions and readmissions by mental status. The average admission age of all first admissions was 13.3 years, 12.0 years for the males and 14.5 years for the females. Evidently mental deficiency in boys means earlier community difficulties and a younger admission age. This situation is emphasized by the readmissions where we observed an average admission age of 19.2 years for the males and 20.8 years for the females.

TABLE 100. — *Average Age at Admission of First Admissions and Readmissions to State Schools during 1938, by Mental Status and Sex*

MENTAL STATUS	AVERAGE AGE					
	FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.
Idiot	8.0	9.6	8.9	7.5	—	7.5
Imbecile	12.6	15.2	14.0	20.6	7.5	19.5
Moron	13.1	15.2	14.2	18.0	22.5	2.1
Not Mentally Defective	7.5	8.0	7.8	32.5	—	32.5
Total	12.0	14.5	13.3	19.2	20.8	19.7

(See Table 256 for detail)

Among the first admissions, the not mentally defective and the idiots show low average admission ages of 7.8 years and 8.9 years respectively. The average admission age for the imbeciles is 14.0 years and for the morons 14.2 years. The females show higher admission ages than the males throughout. Among the readmissions, the idiots show the lowest average age, 7.5 years, the imbeciles 19.5 years, the morons 20.1 years and the not mentally defective 32.5 years. The females show a higher average age only in the moron group.

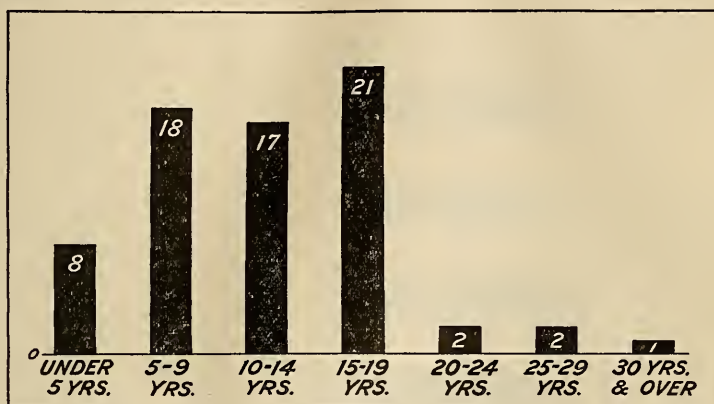
AGE OF ADMISSIONS TO STATE SCHOOLS, 1938: RATES PER 100,000 POPULATION

Table 101 and Graph 10 show the rate of admission for specific age groups per 100,000 of the general population (1930 Census). They present a fairly accurate picture of the ages at which the urgency for admission to State Schools is the greatest.

TABLE 101. — *Ages of First Admissions and Readmissions to State Schools, 1938: Rates per 100,000 of Same Ages in Massachusetts Population, 1930 Census*

AGE GROUPS	TOTAL ADMISSIONS		FIRST ADMISSIONS		READMISSIONS	
	Number	Rate	Number	Rate	Number	Rate
Under 5 years	30	8.5	30	8.5	—	—
5-9 years	72	18.4	65	16.6	7	1.7
10-14 "	67	17.3	63	16.2	4	1.0
15-19 "	78	21.3	71	19.3	7	1.1
20-24 "	10	2.8	7	2.0	3	.8
25-29 "	8	2.4	5	1.5	3	.9
30 years plus	15	1.2	10	.8	5	.4
Total	280	6.5	251	5.9	29	.6

(See Table 256 for detail)

GRAPH 10. — *AGES OF FIRST ADMISSIONS TO STATE SCHOOLS, 1938, RATES PER 100,000 OF SAME AGES IN MASSACHUSETTS POPULATION, 1930 CENSUS*

In first admissions the high admission rate of 19 per 100,000 occurs in the age group 15-19 years. The age groups 5-9 years and 10-19 years present a rate of 16. The ages under 5 years and from 20 years upward show smaller admission rates. In readmissions the high rate of 1.7 occurs in the age group 5-9 years. The ages over 10 years show a steady decrease. It should be recalled that these rates are not true measures of the incidence of mental deficiency, but simply record the ages of cases of such urgency that admission was imperative.

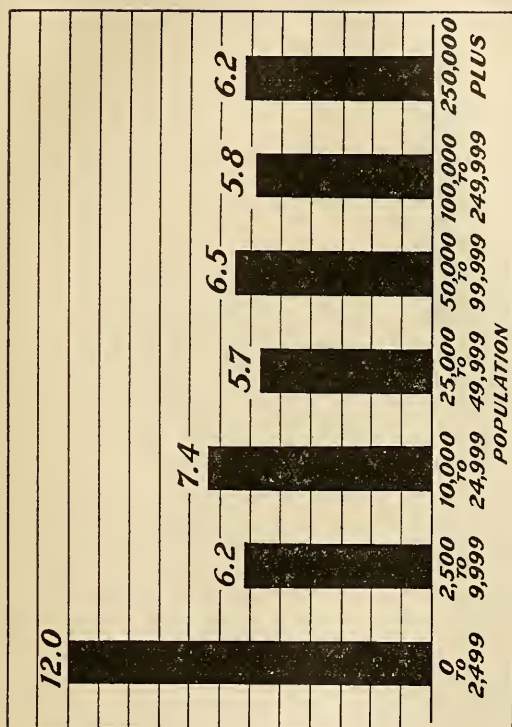
TABLE 102. — *Population of Place of Residence of Admissions to State Schools, 1938, and Rates per 100,000 of Same Population Units, 1930 Census*

POPULATION UNIT	POPULATION IN EACH UNIT, 1930 CENSUS	TOTAL ADMISSIONS	RATE PER 100,000
0- 2,499	199,957	24	12.0
2,500- 9,999	544,976	34	6.2
10,000- 24,999	693,428	52	7.4
25,000- 49,999	576,467	33	5.7
50,000- 99,999	460,411	30	6.5
100,000-249,999	993,187	58	5.8
250,000 plus	781,188	49	6.2
Total	4,249,614	280	6.5

(See Table 258 for detail)

POPULATION OF PLACE OF RESIDENCE OF ADMISSIONS TO STATE SCHOOLS, 1938

Table 102 and Graph 11 show the rates per 100,000 population for mental defectives admitted from the various population units in Massachusetts. The villages (0-2499 population) show the highest admission rate, 12.0 mental defectives admitted per 100,000



GRAPH 11. — POPULATION OF PLACE OF RESIDENCE OF ADMISSIONS TO STATE SCHOOLS, 1938: RATES PER 100,000 OF SAME POPULATION UNITS, 1930 CENSUS

TABLE 103. — Percentage Distribution of Economic Condition in First Admissions to State Schools, 1938, by Mental Status

ECONOMIC CONDITION	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	24.6	37.2	31.5	21.1	20.8	20.9	25.0	24.4	24.7	25.9	51.5	40.0	—	50.0	33.3
Marginal	72.8	61.3	66.5	73.7	79.2	76.7	72.5	75.6	74.1	72.2	45.5	57.5	100.0	50.0	66.7
Comfortable	1.8	1.7	1.1	5.2	—	2.3	2.5	—	1.2	—	1.5	1.8	—	—	—
Unknown	.8	.7	.8	—	—	—	—	—	—	1.9	1.5	1.7	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(See Table 257 for detail)

of that population unit. The third population group, the smaller cities, shows the next highest admission rate, 7.4. The cities with a population of 50,000–99,999 are third with a rate of 6.5. The cities of over 250,000 population and the towns with a population of 2,500–9,999 are fourth with a rate of 6.2. The low rates of 5.7 and 5.8 are observed in the remaining two city groups.

Evidently, the most favorable population groups from the standpoint of admission to State schools are the intermediate towns, 25,000–49,999. The most unfavorable population units are the villages.

ECONOMIC CONDITION OF FIRST ADMISSIONS TO STATE SCHOOLS, 1938, BY MENTAL STATUS

Table 103 shows that the largest proportion of first admissions, 66.5% belong in the marginal economic class; 31.5% are found in the dependent group and 1.1% in the comfortable class. Admissions to State schools (30%) are higher in dependency than admissions to State hospitals (18%). The marginal and comfortable groups combined comprise 79.0% of idiots, 75.3% of imbeciles, 58.3% of morons and 66.7% of cases not mentally defective. Conversely, the idiots show the smallest percentage coming from dependent homes, 20.9%, while 24.7% of imbeciles come from this economic group, 40.0% of morons and 33.3% of the not mentally defective. The idiots and imbeciles show large proportions in the marginal or higher groups while the morons show a large proportion coming from homes of dependent economic status.

NATIVITY OF FIRST ADMISSIONS TO STATE SCHOOLS, 1938

Table 104 gives the admission rates to State schools for the native and foreign born. The native born are divided by parentage into three groups, foreign, mixed and native. When we compare the first admissions to our State schools with the population 24 years of age and under, we find that the native born show an admission rate of 14.2 per 100,000 while the foreign born show a lower rate of 7.5. Relatively the foreign born of these ages contribute half as many mental defectives to our State schools as do the native born 24 years of age and under. When we divide the native born in accordance with the nativity of their parents, we find that the native born of native parentage show the high admission rate of 15.7. The native born of mixed parentage are second with a rate of 12.5, while the native born of foreign parentage show the low rate of 10.7.

TABLE 104. — *Nativity and Parentage of First Admissions to State Schools, 1938: Rates per 100,000 Population of Same Nativity Groups Aged 0–24 Years, 1930 Census*

NATIVITY GROUPS	Population in Each Group Aged 0–24 Years, 1930 Census	Number of First Admissions	Rates per 100,000 Population Aged 0–24 years
Foreign Born	106,038	8	7.5
Native Born	1,709,011	243	14.2
Foreign Parentage (both parents foreign born)	689,955	74	10.7
Mixed Parentage (one parent native—one foreign)	302,536	38	12.5
Native Parentage (both parents native born)	716,520	113	15.7
Total	1,815,049	251	13.8

(See Table 254 for detail)

TABLE 105. — *Average Age of First Admissions to State Schools, 1938, by Nativity, Parentage and Sex*

NATIVITY GROUPS	AVERAGE AGE		
	M.	F.	T.
Foreign Born	12.5	20.1	18.2
Native Born	12.0	14.2	13.2
Foreign Parentage (both parents foreign born)	13.8	14.8	14.4
Mixed Parentage (one parent native—one foreign)	12.8	15.1	13.9
Native Parentage (both parents native born)	10.6	13.3	12.0
Unknown Parentage	12.5	26.5	14.1
Aggregate Age	12.0	14.5	13.3

(See Table 254 for detail)

The foreign born and the native born with both parents foreign born are making a very good showing in incidence of admissions to State schools for mental defectives.

AGE OF FIRST ADMISSIONS TO STATE SCHOOLS, 1938, BY NATIVITY

Table 105 shows that the foreign born have a high average admission age, 18.2 years. The native born have an average admission age of 13.2 years. Among the native born the highest average admission age, 14.4 years, occurs in the native born of foreign parentage, 13.8 years for the males and 14.8 years for the females. The lowest average admission age, 12.0 years, occurs in the native born of native parentage, 10.6 years for the males and 13.3 years for the females. The native born of native parentage, showing the low admission age, also present the highest admission rate (Table 104).

CLINICAL DIAGNOSES AND AVERAGE INTELLIGENCE QUOTIENT OF ADMISSIONS TO STATE SCHOOLS, 1938

Table 106 outlines the average intelligence quotient of first admissions and readmissions for 1938 in the various clinical diagnosis groups. Because of the possible chance variations in small numbers, we shall not discuss the groups in which less than ten cases are involved. Among the first admissions the highest average admission I.Q. of .57, occurs in the familial classification. It is rather unexpected that the group presenting hereditary mental defect should show the highest average intelligence at admission. The undifferentiated cases are second with an average admission I.Q. of .48. This group, of course, comprises individuals who lack the outstanding characteristics which would place them in one of the clinical groups. The low averages are observed in mongolism, .27, with developmental cranial anomalies, .21, and with congenital cerebral spastic infantile paralyzes, .18.

TABLE 106. — *Clinical Diagnoses and Average Intelligence Quotient of First Admissions and Readmissions to State Schools, 1938, by Sex*

CLINICAL DIAGNOSES	FIRST ADMISSIONS						READMISSIONS					
	Number			Average I.Q.			Number			Average I.Q.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With other organic nervous disease	1	2	3	.15	.15	.15	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyzes	4	6	10	.12	.21	.18	2	—	2	.45	—	.45
With developmental cranial anomalies	3	10	13	.21	.21	.21	—	—	—	—	—	—
With epilepsy — symptomatic	1	—	1	.25	—	.25	—	—	—	—	—	—
With endocrine disorders	2	1	3	.25	.25	.25	—	—	—	—	—	—
Mongolism	13	11	24	.26	.29	.27	2	—	2	.30	—	.30
Post-infectious	1	4	5	.15	.37	.33	2	—	2	.45	—	.45
Post-traumatic — natal	1	1	2	.25	.55	.40	—	1	1	—	.45	.45
With epilepsy — idiopathic	—	1	1	—	.45	.45	—	—	—	—	—	—
Undifferentiated	64	63	127	.50	.46	.48	13	3	16	.46	.48	.46
Familial	23	35	58	.55	.59	.57	1	5	6	.65	.57	.58
Other Forms	1	3	4	.55	.55	.55	—	—	—	—	—	—
Total	114	137	251	.45	.44	.44	20	9	29	.45	.52	.47

(See Tables 261 and 262 for detail)

The male first admissions show an average admission I.Q. of .45, while that for the females is .44. The males present a higher average admission I.Q. only in the undifferentiated cases. Owing to the small numbers involved, the readmissions will not be discussed. We note, however, that the average admission I.Q. of readmissions is .47, .45 for the males and .52 for the females.

CLINICAL DIAGNOSES AND AVERAGE AGE OF ADMISSIONS TO STATE SCHOOLS, 1938

Table 107 shows the average ages of first admissions and readmissions in the various clinical diagnosis groups. Owing to difficulties with small numbers, the groups having less than 10 first admissions will not be discussed. The highest average admission age, 16.6 years, occurs in the familial group. The undifferentiated are second with 13.6 years. Patients with developmental cranial anomalies show the low average admission age of 8.6 years.

Still confining ourselves to the groups containing 10 or more first admissions, we note that the average admission age is higher for the females in the groups familial, with congenital cerebral spastic infantile paralyzes and undifferentiated. The males show the higher admission age in the groups with mongolism and with developmental cranial

anomalies. It is interesting that the hereditary group (familial), with its many social and economic handicaps, should succeed in keeping the children out of institutions until such a comparatively late age.

TABLE 107. — *Clinical Diagnoses and Average Age at Admission of First Admissions and Readmissions to State Schools, 1938, by Sex*

CLINICAL DIAGNOSES	FIRST ADMISSIONS						READMISSIONS					
	Number			Average Age			Number			Average Age		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With epilepsy — symptomatic	1	—	1	7.5	—	7.5	—	—	—	—	—	—
With developmental cranial anomalies	3	10	13	12.5	7.5	8.6	—	—	—	—	—	—
Post-infectious	1	4	5	3.5	10.0	8.7	2	—	2	35.0	—	35.0
Mongolism	13	11	24	9.3	8.9	9.1	2	—	2	7.5	—	7.5
With congenital cerebral spastic infantile paralyses	4	6	10	9.0	10.0	9.6	2	—	2	12.5	—	12.5
With epilepsy — idiopathic	—	1	1	—	12.5	12.5	—	—	—	—	—	—
With endocrine disorders	2	1	3	10.0	17.5	12.5	—	—	—	—	—	—
Undifferentiated	64	63	127	11.9	15.4	13.6	13	3	16	19.0	19.1	19.0
Post-traumatic — natal	1	1	2	17.5	12.5	15.0	—	1	1	—	32.5	32.5
With other organic nervous disease	1	2	3	7.5	20.5	16.1	—	—	—	—	—	—
Familial	23	35	58	15.3	17.5	16.6	1	5	6	27.5	19.5	20.8
Other forms	1	3	4	7.5	14.1	12.5	—	—	—	—	—	—
Total	114	137	251	12.0	14.5	13.3	20	9	29	19.2	20.8	19.7

(See Tables 259 and 260 for detail)

CLINICAL DIAGNOSES OF ADMISSIONS TO STATE SCHOOLS, 1938, BY SCHOOL

Table 108 presents the clinical diagnoses of admissions to State schools during 1938 by individual schools. Rather marked differences are observed in the types of cases admitted. For example, Belchertown State School places 45% in the undifferentiated group, while the Walter E. Fernald State Schools uses this diagnosis in 67% of admissions and Wrentham in 42% of admissions. Belchertown places 41% of admissions in the familial group, Walter E. Fernald 12%, and Wrentham 18%. That a selection of certain types for admission is possible is demonstrated by the figures on mongolism. Belchertown admitted 2% in this diagnosis, Walter E. Fernald 3% and Wrentham 17%. In admissions diagnosed with congenital cerebral spastic infantile paralyses Belchertown admitted 2%, Walter E. Fernald 3% and Wrentham 6%. It should be remembered that admissions are selected from rather large waiting lists. The urgency for admission of the various types may vary also in accordance with the population of the areas served by the respective schools.

TABLE 108. — *Clinical Diagnoses of Admissions to State Schools, 1938, by School*

CLINICAL DIAGNOSES	TOTAL		BELCHERTOWN		WALTER E. FERNALD		WRENTHAM	
	No.	%	No.	%	No.	%	No.	%
Familial	64	22.8	31	41.3	11	12.5	22	18.8
Mongolism	26	9.2	2	2.7	3	3.4	21	17.9
With developmental cranial anomalies	13	4.6	1	1.3	2	2.3	10	8.5
With congenital cerebral spastic infantile paralyses	12	4.3	2	2.7	3	3.4	7	6.0
Post-infectious	7	2.5	3	4.0	2	2.3	2	1.7
Post-traumatic — natal	3	1.1	—	—	2	2.3	1	.9
With epilepsy — symptomatic	1	.4	1	1.3	—	—	—	—
With epilepsy — idiopathic	1	.4	—	—	1	1.1	—	—
With endocrine disorders	3	1.1	1	1.3	1	1.1	1	.9
With other organic nervous disease	3	1.1	—	—	1	1.1	2	1.7
Undifferentiated	143	51.1	34	45.3	59	67.0	50	42.7
Other forms	4	1.4	—	—	3	3.4	1	.9
Total	280	100.0	75	100.0	88	100.0	117	100.0

(See Table 263 for detail)

COUNTRY OF ORIGIN OF NATIVE BORN OF FOREIGN OR MIXED PARENTAGE, FIRST
ADMISSIONS TO STATE SCHOOLS, 1938: RATES PER 100,000 POPULATION AGED
0-24 YEARS OF SAME COUNTRY OF ORIGIN

Table 109 gives the country of origin of the native born of foreign or mixed parentage for first admissions during 1938. As 92% of admissions are under 25 years of age, the population comparisons are restricted to these ages. Patients with Portugal as the country of origin show the high admission rate to State schools with a rate of 35. Scotland and Greece demonstrate rates of 30 and 29 respectively and Italy a rate of 13. The low admission rates, 7, 6 and 5, are shown for Ireland, Poland and England respectively. At the bottom of Table 109 we present the admission rate for the native born of native parentage, 17.7. This rate is higher than the rate of 11.6 for the native born of foreign or mixed parentage.

TABLE 109. — *Country of Origin of Native Born of Foreign or Mixed Parentage, First Admissions to State Schools, 1938: Rates per 100,000 Population Aged 0-24 Years of Same Country of Origin*

COUNTRY OF ORIGIN	POPULATION 0-24 YEARS, 1930 CENSUS	FIRST ADMISSIONS 1938	RATES PER 100,000 SAME COUNTRY OF ORIGIN
Portugal	27,841	10	35.9
Scotland	19,434	6	30.8
Greece	16,716	5	29.9
Italy	174,969	24	13.7
Canada ¹	245,773	27	10.9
Russia	64,832	5	7.7
Ireland	133,870	10	7.4
Poland	104,464	7	6.7
England	51,770	3	5.7
All other countries	152,822	17	11.1
Unknown	—	2	—
Total	992,491	116	11.6

Rate for Native of Native Parentage, (127 cases) — 17.7

¹ Includes Newfoundland.

Section H. All Discharges from State Schools for the Mentally Deficient, 1938

The section following discusses various factors in reference to discharges from State Schools.

DISCHARGES TO THE COMMUNITY FROM STATE SCHOOLS, 1917-1938

Table 110 presents the numbers and rates per 1,000 under care of discharges from the State schools over the period 1917-1938. With the exception of 1926, the males have shown a larger number of cases under care than the females from 1917 to 1929. From 1930 to 1938, however, the females have shown larger numbers under care. In discharges, the males have shown larger numbers leaving State schools than the females in every year of the 22-year period with the exception of 1926. The larger number of male discharges from 1930 onwards in the face of a larger number of females under care is interesting. In the discharge rates, the year 1920 presents the high of 105. The total rate shows irregularity between 1917 and 1924. From that point on a rough trend is discernible. The years 1925-1927 show discharge rates between 60 and 70. During the next three years, 1928-1930, the rates drop to between 40 and 50. The years 1931-1934 show a further drop in rates to between 30 and 39. The years 1935, 1936 and 1937 have shown higher discharge rates with 51, 40 and 43, respectively. The rate of 43 is maintained in 1938. In the sexes the males have shown higher discharge rates in 21 of the 22 years included in this table, the only exception being the year 1926.

MENTAL STATUS AND AVERAGE AGE OF DISCHARGES TO THE COMMUNITY, 1938

Table 111 outlines the average age of discharges in the various mental status groups. The 263 patients returned to the community present an average discharge age of 24.4 years, 20.7 years for the males and 28.3 years for the females. The higher discharge age for the females is partially due to the fact that the females admitted are uniformly older than the males (see Table 100).

In the idiot group the 14 cases discharged left the institution at an average age of 16.7 years. The 57 cases in the imbecile group averaged 22.2 years. The 165 cases in the

moron group averaged 25.4 years and the 27 cases in the group not mentally defective averaged 26.9 years of age at discharge. In the idiot group the females were 7.4 years older than the males at the time of discharge and in the imbecile group 7.5 years older. In the moron group the females were 7.9 years older and in the group not mentally defective 1.7 years older.

TABLE 110. — *Discharges from State Schools, 1917-1938, by Sex: Rates per Thousand Under Care*

YEARS	NUMBER UNDER CARE			DISCHARGES			RATES PER 1000 UNDER CARE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,808	1,430	3,238	172	80	252	95.1	55.9	77.8
1918	1,824	1,517	3,341	120	37	157	65.7	24.3	46.9
1919	1,925	1,576	3,501	78	52	130	40.5	32.9	37.1
1920	1,941	1,636	3,577	247	129	376	127.2	78.8	105.1
1921	1,863	1,714	3,577	103	56	159	55.2	32.6	44.4
1922	1,908	1,749	3,657	192	120	312	100.6	68.6	85.3
1923	2,086	1,893	3,979	120	40	160	57.5	21.1	40.2
1924	2,236	2,091	4,327	137	65	202	61.2	31.0	46.6
1925	2,254	2,207	4,461	185	102	287	82.0	46.2	64.3
1926	2,235	2,255	4,490	139	154	293	62.1	68.2	65.2
1927	2,270	2,244	4,514	196	99	295	86.3	44.1	65.3
1928	2,324	2,260	4,584	136	79	215	58.5	34.9	46.9
1929	2,322	2,287	4,609	110	76	186	47.3	33.2	40.3
1930	2,365	2,435	4,800	114	80	194	48.2	32.8	40.4
1931	2,441	2,577	5,018	97	69	166	39.7	26.7	33.0
1932	2,492	2,695	5,187	98	69	167	39.3	25.6	32.1
1933	2,628	2,807	5,435	89	79	168	33.8	28.1	30.9
1934	2,733	2,939	5,672	92	86	178	33.6	29.2	31.3
1935	2,805	2,999	5,804	174	126	300	62.0	42.0	51.6
1936	2,836	3,063	5,899	140	97	237	49.3	31.6	40.1
1937	2,950	3,134	6,084	135	131	266	45.7	41.7	43.7
1938	2,911	3,118	6,029	136	127	263	46.7	40.7	43.6

TABLE 111. — *Mental Status and Average Age of Discharges from State Schools, 1938, by Sex: Numbers and Averages*

MENTAL STATUS	NUMBER			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
Idiot	9	5	14	14.1	21.5	16.7
Imbecile	35	22	57	19.3	26.8	22.2
Moron	83	82	165	21.4	29.3	25.4
Not Mentally Defective	9	18	27	25.8	27.5	26.9
Total	136	127	263	20.7	28.3	24.4

(See Table 264 for detail)

TABLE 112. — *Age at Discharge of Patients Discharged from State Schools, 1938, by School and Sex*

AGE AT DISCHARGE	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1	1	2	—	—	—	—	—	—	1	1	2
5-9 years	7	4	11	1	—	1	1	1	2	5	3	8
10-14 "	10	6	16	1	1	2	6	3	9	3	2	5
15-19 "	52	18	70	8	5	13	26	4	30	18	9	27
20-24 "	31	24	55	7	8	15	14	8	22	10	8	18
25-29 "	24	25	49	6	15	21	10	4	14	8	6	14
30-34 "	8	18	26	4	9	13	3	3	6	1	6	7
35-39 "	3	8	11	2	4	6	1	1	2	—	3	3
40-44 "	—	12	12	—	2	2	—	7	7	—	3	3
45-49 "	—	7	7	—	2	2	—	3	3	—	2	2
50-54 "	—	2	2	—	—	—	—	2	2	—	—	—
55-59 "	—	1	1	—	—	—	—	1	1	—	—	—
60 years and over	—	1	1	—	—	—	—	1	1	—	—	—
Total	136	127	263	29	46	75	61	38	99	46	43	89
Average Age	20.7	28.3	24.4	23.7	28.5	26.7	20.6	31.7	24.9	18.9	25.1	21.9

AGE OF DISCHARGES RETURNED TO THE COMMUNITY, 1938, BY SCHOOL

Table 112 presents the discharge age of patients leaving State schools during 1938. Ninety-nine or 37% of the total discharges were under 20 years of age; 104 or 39% were between the ages of 20 and 29 years and 60 or 23% were 30 years of age or over. It is apparent that the ages under 30 years are the most favorable for the discharge of patients from State schools.

In the sexes we note that the discharge age is younger for boys than for girls. The average age for all discharges was 24.4 years, 20.7 years for the males and 28.3 years for the females. Discharges from Belchertown showed the highest average age, 26.7 years, 23.7 years for the males and 28.5 years for the females. Fernald was second with an average of 24.9 years, 20.6 years for the males and 31.7 years for the females. Wrentham discharges were the youngest, with an average age of 21.9 years, 18.9 years for the males and 25.1 years for the females. In every school the males discharged are five or more years younger than the females discharged.

DISCHARGES TO THE COMMUNITY, 1938, BY SCHOOL: RATES PER 1,000 CASES UNDER CARE

During 1938, 263 patients were discharged from the three State schools for the mentally defective (Table 113). Of these, 136 or 51% were males and 127 or 48% were females. While the sexes balance in all schools combined, two of the individual schools show marked sex differences in discharges. Of the 75 patients discharged from Belchertown, 38.6% were males and 61.4% females. Of the 99 discharged from Fernald State School 61.6% were males and 38.4% were females. Of the 89 discharged from Wrentham 51.6% were males and 48.4% females.

TABLE 113. — *Discharges from State Schools, 1938, by School: Numbers and Rates per 1,000 Cases Under Care*¹

STATE SCHOOLS	NUMBER UNDER CARE			NUMBER OF DISCHARGES			RATE PER 1,000 UNDER CARE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown	634	896	1,530	29	46	75	45.	51.	49.
Walter E. Fernald	1,267	913	2,180	61	38	99	48.	41.	45.
Wrentham	1,010	1,309	2,319	46	43	89	45.	32.	38.
Total	2,911	3,118	6,029	136	127	263	46.	40.	43.

¹ Includes discharges irrespective of I.Q. Cases under care are obtained by adding resident population and patients out on September 30, 1938, and all discharges and all deaths during the year 1938.

The rate of discharge per 1,000 cases under care for all schools is 43, 46 for the males and 40 for the females. Belchertown presents the highest discharge rate, 49 per 1,000 under care. Wrentham has the low discharge rate of 38. The discharge rate for females is higher than for males at Belchertown. At Fernald and Wrentham the discharge rate for the males is higher than that for the females.

MENTAL STATUS OF DISCHARGES TO THE COMMUNITY, 1938, BY AGE:
RATES PER 1,000 UNDER CARE OF SAME GROUPS

Table 114 presents the discharge rates per thousand under care by mental status and age at discharge. Higher discharge rates are observed in the mental status groups showing the higher intelligence. The idiot group shows a discharge rate of 16 per thousand idiots under care; the imbecile group a rate of 23; the moron group a rate of 62. The not mentally defective group is highest with a rate of 167. Higher discharge rates for the females occur in the not mentally defective classification but the males are higher in the idiot, imbecile and moron groupings. In reference to age, the idiots show their high discharge rate of 29 in the 0-9 year age group. For imbeciles the high rate of 32 occurs in the 10-19 age group. The morons present their high rate of 84 in the 40-49 year group and the not mentally defective their high rate of 295 in the 20-29 year age group.

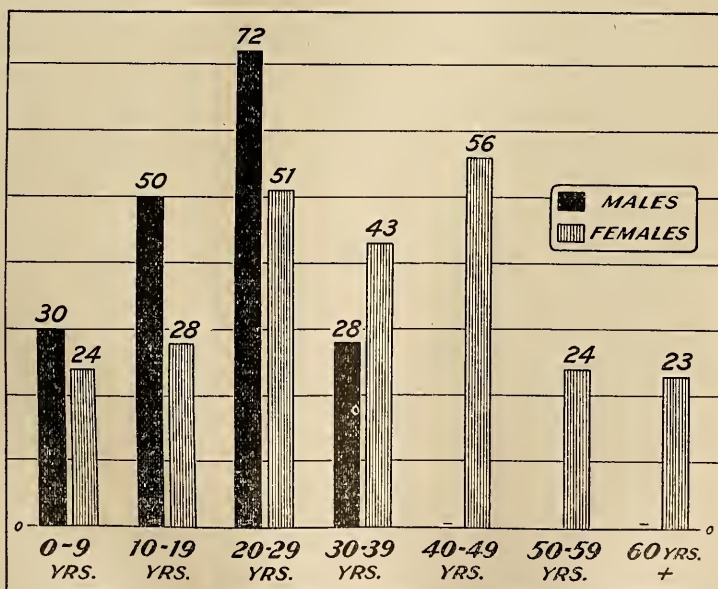
The discharge rates by age are outlined in Graph 12. Age appears to have a greater influence on the discharge of males than of females. The males show sharply increasing discharge rates, from 30 in the 0-9 year group to 50 in the 10-19 year group and to 72 in the 20-29 year group. Then they drop to a low rate of 28 in the age group 30-39

years. The discharge rates of the females are more consistent throughout the various age groups, varying from a low rate of 23 in the age group 60 years and over to the high of 56 in the 40-49 year group.

TABLE 114. — *Discharges from State Schools, 1938, by Mental Status and Age at Discharge: Rates per 1,000 Cases Under Care of Same Mental Status and Age*

MENTAL STATUS	Sex	AGE DISTRIBUTION							
		All Ages	0-9 years	10-19 years	20-29 years	30-39 years	40-49 years	50-59 years	60 years and over
Idiot	M.	19.	56.	12.	22.	—	—	—	—
	F.	13.	—	29.	9.	—	—	—	—
	T.	16.	29.	19.	17.	—	—	—	—
Imbecile	M.	28.	17.	46.	35.	14.	—	—	—
	F.	18.	37.	15.	26.	4.	14.	27.	40.
	T.	23.	25.	32.	31.	9.	7.	16.	21.
Moron	M.	71.	28.	65.	114.	58.	—	—	—
	F.	54.	34.	30.	64.	56.	101.	23.	—
	T.	62.	31.	51.	82.	57.	84.	17.	—
Not Mentally Defective	M.	132.	—	24.	538.	142.	—	—	—
	F.	193.	—	148.	193.	291.	142.	—	—
	T.	167.	—	73.	295.	258.	111.	—	—
Total	M.	46.	30.	50.	72.	28.	—	—	—
	F.	40.	24.	28.	51.	43.	56.	24.	23.
	T.	43.	27.	41.	60.	37.	37.	14.	14.

(See Table 286 for detail)



GRAPH 12. — AGE OF DISCHARGES FROM STATE SCHOOLS, 1938: RATES PER THOUSAND CASES UNDER CARE, OF SAME AGES

CLINICAL DIAGNOSES OF DISCHARGES TO THE COMMUNITY, 1938, BY AGE: RATES PER 1,000 UNDER CARE OF SAME GROUPS

Table 115 outlines the discharge rates per thousand cases under care by clinical groupings and by age distribution. We shall confine the discussion of discharge rates in the various age groups to the four classifications presenting ten or more discharges. The familial group (89 cases) demonstrates the high discharge rate of 67 in the age group 20-29 years and the low rate of 32 in the age group 10-19 years. The post-infectious

group (14 cases) shows the high discharge rate of 72 in the age group 20-29 years and the low rate of 37 in the 40-49 year group. The undifferentiated group (113 cases) offers the high discharge rate of 70 in the 20-29 year age group and the low rate of 21 in the 50-59 year group. The group other forms (14 cases) shows the high discharge rate of 166 in the 0-9 year group.

TABLE 115. — *Discharges from State Schools, 1938, by Clinical Diagnoses and Age at Discharge: Rates per 1,000 Cases under Care¹ of Same Clinical Groupings and Age*

CLINICAL DIAGNOSES	TOTAL	0-9 Years	10-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 Years and over
Familial	48.	—	32.	67.	52.	65.	—	—
Mongolism	18.	10.	20.	30.	—	—	—	—
With developmental cranial anomalies	6.	24.	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyses	36.	107.	44.	36.	—	—	—	—
Post-infectious	49.	52.	45.	72.	44.	37.	—	—
Post-traumatic — natal	32.	—	57.	—	—	142.	—	—
With epilepsy — sympto- matic	83.	—	333.	—	—	—	—	—
With epilepsy — idiopathic	74.	—	88.	30.	117.	—	500.	333.
With endocrine disorders	52.	—	76.	—	—	142.	—	—
Undifferentiated	45.	34.	44.	70.	26.	31.	21.	—
Other forms	41.	166.	75.	31.	67.	—	—	—
Total	43.	27.	41.	60.	37.	37.	14.	14.

¹Cases under care include the resident population and cases out on September 30, 1938, plus discharges and deaths during the year 1938.

In Table 115 the high discharge rate for the clinical groups, 83, occurs in the group with epilepsy — symptomatic (2 cases). With epilepsy — idiopathic is second with 74 (8 cases); with endocrine disorders third with 52 (4 cases); post-infectious fourth with 49 (14 cases); and familial fifth with 48 (89 cases). The low discharge rates occur in mongolism 18 (6 cases) and with developmental cranial anomalies 6 (one case).

It is interesting to compare the discharge rate of 43 cases per thousand under care in State schools for mental defectives (87% first admissions) with the discharge rate of 156 per thousand first admissions under care in mental hospitals. While the mental hospitals discharged one patient out of every 7 under care during 1938, the state schools discharged but one patient out of every 23 under care.

ECONOMIC STATUS OF DISCHARGES TO THE COMMUNITY, 1938, BY MENTAL STATUS: RATES PER 1,000 UNDER CARE OF SAME GROUPS

Table 116 outlines the economic status of discharges in the various mental status groups, presenting also the rates per thousand under care of the same groups. The comfortable group presents the highest discharge rate, 47, with rates of 44 and 51 for the males and females, respectively. The marginal group is next with a discharge rate of 44, 49 for the males and 39 for the females. The group of dependent economic status shows the low discharge rate of 41, 42 for the males and 41 for the females. The imbecile and moron groups show higher discharge rates in the comfortable than in either the dependent or marginal classifications.

LENGTH OF SCHOOL STAY OF DISCHARGES TO THE COMMUNITY, 1928-1938, BY MENTAL STATUS

Table 117 outlines the length of time that discharges remained in residence in State schools for each year of the period 1928-1938, by mental status. The total column shows little variation in length of residence over the past eleven years. With the exception of the years 1929 and 1930, the averages have remained rather consistently around 6 years until 1938, which shows an average length of residence of 7.5 years. In eight of the eleven years the females show a longer school residence previous to discharge.

The idiot group showed the longest length of hospital stay in 1931, 7.2 years, and the shortest residence in 1935 and 1937, 3.2 years. The males remained longer than the females in six out of the eleven years. The imbecile group showed the longest period of residence in 1931, 7.3 years, and the shortest hospital stay in 1937, 4.9 years. Again we observe considerable irregularity in length of stay. In six of the eleven years the females showed a longer average school residence. The morons presented the high average stay of 7.8 years in 1938 and the low average of 4.4 years in 1930. This mental status

TABLE 116. — *Economic Status of Discharges from State Schools, 1938, by Mental Status and Sex: Discharge Rates per 1,000 of Same Economic Status Groups Under Care*

Economic Status	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Under Care	951	1,363	2,314	104	88	192	374	409	783	441	808	1,249	32	58	90
Discharges	40	57	97	—	—	—	11	6	17	28	40	68	1	11	12
Rate per 1,000	42.	41.	41.	—	—	—	29.	14.	21.	63.	49.	54.	31.	189.	133.
Marginal:															
Under Care	1,867	1,674	3,541	320	272	592	815	709	1,524	697	658	1,355	35	35	70
Discharges	92	66	158	9	5	14	22	15	37	53	39	92	8	7	15
Rate per 1,000	49.	39.	44.	28.	18.	23.	26.	21.	24.	76.	59.	67.	228.	200.	214.
Comfortable:															
Under Care	89	78	167	26	16	42	2	1	3	20	23	43	1	—	1
Discharges	4	4	8	—	—	—	42	39	81	2	3	5	—	—	—
Rate per 1,000	44.	51.	47.	—	—	—	47.	25.	37.	100.	130.	116.	—	—	—
Unknown:															
Under Care	4	3	7	1	—	1	2	1	3	1	2	3	—	—	—
Discharges	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rate per 1,000	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total:															
Under Care	2,911	3,118	6,029	451	376	827	1,233	1,158	2,391	1,159	1,491	2,650	68	93	161
Discharges	136	127	263	9	5	14	35	22	57	83	82	165	9	18	27
Rate per 1,000	46.	40.	43.	19.	13.	16.	28.	18.	23.	71.	54.	62.	132.	193.	167.

group showed longer average residences for the females in six of the eleven years with the sexes showing the same averages in three other years. The average for the morons has been 6 years or more for the last five years, 1934-1938.

TABLE 117. — *Average Length of School Stay During This Admission of All Discharges, 1928-1938, by Mental Status and Sex*

YEARS	AVERAGES IN YEARS														
	Total			Idiot			Imbecile			Moron			Not Mentally Defective		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1928	5.9	7.0	6.3	3.5	7.8	5.6	6.5	7.1	6.8	5.7	7.8	6.4	5.4	7.5	6.2
1929	4.1	6.1	4.9	7.3	2.1	6.4	3.6	7.7	5.5	4.2	5.8	4.9	2.5	4.3	3.3
1930	3.9	5.9	4.7	5.0	4.4	4.7	4.7	6.3	5.4	3.7	5.6	4.4	1.1	8.4	5.0
1931	6.3	6.0	6.2	9.9	3.3	7.2	6.5	8.7	7.3	5.5	5.5	5.5	4.0	4.9	4.6
1932	6.3	5.6	6.0	8.6	4.8	6.7	7.3	4.5	5.8	6.0	6.6	6.2	2.2	5.2	3.5
1933	4.9	5.8	5.3	7.8	5.3	7.0	5.7	9.3	7.0	3.5	5.1	4.8	3.6	5.3	4.5
1934	6.2	6.7	6.5	3.2	10.8	6.2	7.9	5.9	7.0	6.5	5.4	6.0	5.4	9.0	7.5
1935	6.2	5.9	6.1	5.4	3.3*	3.2	7.1	6.6	6.9	7.0	5.8	6.5	4.5	7.1	5.7
1936	5.8	5.9	5.8	4.7	5.4	5.1	5.6	5.4	5.5	6.0	6.0	6.0	4.8	6.7	5.8
1937	6.2	6.6	6.4	7	5.7	3.2	5.3	4.4	4.9	6.4	6.4	6.4	7.9	10.7	9.2
1938	6.0	9.2	7.5	4.3	10.2	6.4	3.8	10.7	6.4	6.7	8.9	7.8	9.4	8.2	8.6

* Only six cases, four discharged under three months.

LENGTH OF TIME ON THE BOOKS DURING THE PRESENT ADMISSION OF DISCHARGES TO THE COMMUNITY, 1938, BY MENTAL STATUS

Table 118 demonstrates the time spent within institutions and the time spent out on visit, parole, etc. during the present admission of cases discharged during 1938, by mental status. All discharges remained in school an average net time of 7.5 years, 6.0 years for the males and 9.2 years for the females. Time in the community averaged 2.5 years, giving a total time on the books of 10.0 years, 7.8 years for the males and 12.3 years for the females.

Apparently, length of school stay is not correlated with intellectual status. The idiots and imbeciles remained within schools an average of 6.4 years; the morons 7.8 years; and the group not mentally defective 8.6 years. The group of the lowest intellectual level is presenting the shortest average stay. It should be recalled that certain of the higher grade cases (morons) are those showing the gravest behavior problems. In the not mentally defective group the males remained longer than the females. However, in the idiot, imbecile and moron groups the females remained longer than the males.

TABLE 118. — *Average Time on Books, Time Spent Out and Net Time Within Institutions during This Admission of Discharges, 1938, by Mental Status and Sex*

MENTAL STATUS	AVERAGE TIME ON BOOKS			AVERAGE TIME SPENT OUT			AVERAGE NET TIME WITHIN INSTITUTIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	5.7	10.7	7.6	1.4	.5	1.2	4.3	10.2	6.4
Imbecile	5.5	12.4	8.1	1.7	1.7	1.7	3.8	10.7	6.4
Moron	8.6	12.7	10.7	1.9	3.8	2.9	6.7	8.9	7.8
Not Mentally Defective	11.4	10.3	10.7	2.0	2.1	2.1	9.4	8.2	8.6
Total	7.8	12.3	10.0	1.8	3.1	2.5	6.0	9.2	7.5

(See Table 269 for detail)

In reference to the time spent out of school previous to discharge, we notice a positive correlation with mental status. Here the idiots remained out 1.2 years; the imbeciles 1.7 years; the morons 2.9 years; and the not mentally defective group 2.1 years. The longer period that patients of the higher mental grades are held under supervision is accounted for by the fact that they constitute the best material for placement at work in the community. Many of the patients in the lower mental age groupings are discharged directly to their families.

LENGTH OF SCHOOL STAY OF DISCHARGES TO THE COMMUNITY, 1938, BY AGE AT ADMISSION

Table 119 shows the net time in residence of all cases discharged, by age at admission. Discarding the age groups over 25 because of small numbers, we note that the longest

school residence occurs in those admitted in the 20-24 year age group, 9.9 years, with the admission ages of 5-9 and 10-14 second and third with 8.4 years and 7.1 years respectively. Patients admitted under 5 years show the shortest residence, 4.8 years. In all age groups the females remain longer within the school than the males.

TABLE 119. — *Net Time in Residence during This Admission of Cases Discharged during 1938, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			NET TIME IN RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	1	3	4	.1	6.3	4.8
5-9 years	30	16	46	6.9	11.3	8.4
10-14 "	59	26	85	6.8	7.7	7.1
15-19 "	41	46	87	4.5	8.4	6.6
20-24 "	3	23	26	6.5	10.3	9.9
25-29 "	1	8	9	.1	14.0	12.5
30-34 "	1	3	4	.1	7.8	5.9
35-39 "	—	1	1	—	1.5	1.5
40 years and over	—	1	1	—	2.5	2.5
Total	136	127	263	6.0	9.2	7.5

TIMES OUT ON VISIT DURING THIS ADMISSION, DISCHARGES TO THE COMMUNITY, 1938, BY SCHOOL

Table 120 discusses the average number of times out on visit during this admission of all patients discharged from State schools during the year 1938, by school. The highest average number of times placed out on visit occurred at Fernald, an average of 4.3 times. Wrentham State School is next with an average of 3.8 visits before discharge and Belchertown is low with an average of 3.3. For all schools we note an average of 3.9 visits during this particular admission. The females show an average of 4.1 and the males 3.6 times out. In each of the schools it will be noted that the females were placed on visit more often than the males.

TABLE 120. — *Times Out on Visit during This Admission, Discharges from State Schools, 1938, by School: Numbers and Averages*

STATE SCHOOLS	NUMBER			AVERAGE TIMES OUT		
	M.	F.	T.	M.	F.	T.
Belchertown	29	46	75	2.9	3.6	3.3
Walter E. Fernald	61	38	99	4.0	4.8	4.3
Wrentham	46	43	89	3.6	4.0	3.8
Total	136	127	263	3.6	4.1	3.9

(See Table 268 for detail)

CAPABILITY ON DISCHARGE OF PATIENTS RETURNED TO THE COMMUNITY, 1938, BY CLINICAL DIAGNOSES

Table 121 demonstrates the capability on discharge of cases leaving State schools during 1938, by clinical groupings. The total shows that 30% of these discharges were capable of self-support, 33% were capable of partial self-support, and 35% were incapable of productive work. Sixty-three per cent, or about two out of every three discharged, are able to support themselves either wholly or partially. The females show nearly ten per cent more than the males capable of self-support.

The familial group shows the highest percentage capable of self-support, 38%. The group undifferentiated shows 34% of cases falling within this classification. The post-infectious group is third with 28%, and with epilepsy — idiopathic fourth with 12%. These four groups are the only ones discharging patients classified as capable of self-support. It is interesting to see the cases of hereditary mental defect (the familial group) making such a good showing in this connection. In the cases capable of partial self-support we find 50% of the post-traumatic natal and with epilepsy — symptomatic, 39% of the familial and 36% of the undifferentiated. Among those incapable of productive work, the group with developmental cranial anomalies shows 100% of cases, with epilepsy — idiopathic 87% and with mongolism 83%.

TABLE 121. — *Capability on Discharge of Discharges, 1938, by Clinical Diagnoses and Sex: Percentages*

CLINICAL DIAGNOSES	TOTAL			CAPABLE OF SELF-SUPPORT			CAPABLE OF PARTIAL SELF-SUPPORT			INCAPABLE OF PRODUCTIVE WORK		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	100.0	100.0	100.0	33.3	42.6	38.2	40.5	38.3	39.3	26.2	19.1	22.5
Mongolism	100.0	100.0	100.0	—	—	—	—	50.0	16.7	100.0	50.0	83.3
With developmental cranial anomalies	100.0	100.0	100.0	—	—	—	—	—	—	100.0	—	100.0
With congenital cerebral spastic infantile paralyses	100.0	100.0	100.0	—	—	—	—	—	—	100.0	—	100.0
Post-infectious	100.0	100.0	100.0	28.6	28.6	28.6	33.3	28.6	21.4	66.7	100.0	75.0
Post-traumatic	100.0	100.0	100.0	—	—	—	33.3	100.0	50.0	57.1	42.8	50.0
With epilepsy — symptomatic	100.0	100.0	100.0	—	—	—	50.0	—	50.0	66.7	—	50.0
With epilepsy — idiopathic	100.0	100.0	100.0	50.0	—	12.5	—	—	—	50.0	100.0	87.5
With endocrine disorders	100.0	100.0	100.0	29.5	40.4	34.5	33.3	37.7	36.3	66.7	100.0	75.0
Undifferentiated	100.0	100.0	100.0	20.0	22.2	21.4	20.0	11.1	14.3	32.8	25.0	29.2
Other forms	100.0	100.0	100.0	—	—	—	—	—	—	60.0	66.7	64.3
Total	100.0	100.0	100.0	26.5	35.4	30.8	34.6	32.3	33.5	38.9	32.3	35.7

(See Table 267 for detail)

TABLE 122. — *Average Intelligence Quotient of Discharges from State Schools, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE I.Q.		
	M.	F.	T.	M.	F.	T.
With developmental cranial anomalies	1	—	1	.15	—	.15
Mongolism	4	2	6	.30	.32	.31
With congenital cerebral spastic infantile paralyses	6	2	8	.36	.15	.31
With epilepsy — idiopathic	2	6	8	.35	.33	.33
Post-traumatic — natal	3	1	4	.58	.45	.55
Post-infectious	7	7	14	.60	.55	.57
Undifferentiated	61	52	113	.55	.63	.58
Familial	42	47	89	.57	.62	.60
With endocrine disorders	3	1	4	.58	.65	.58
With epilepsy — symptomatic	2	—	2	.80	—	.80
Other forms	5	9	14	.51	.61	.57
Total	136	127	263	.53	.59	.56

(See Table 266 for detail)

INTELLIGENCE QUOTIENT OF DISCHARGES TO THE COMMUNITY, 1938,
BY CLINICAL DIAGNOSES

Table 122 describes the average intelligence quotient of discharges in the various clinical groups. Owing to the small number of cases involved in certain of the clinical groupings, no conclusions can be drawn. All clinical groups together show an average intelligence quotient at discharge of .56, .53 for the males and .59 for the females. In this connection we recall that the male first admissions presented an I.Q. of .45 and the females an I.Q. of .44 (Table 106). In the clinical diagnosis groups the cases with epilepsy — symptomatic show the high average I.Q. of .80. The familial group and the group with endocrine disorder are second with an average I.Q. of .60 and the group undifferentiated is fourth with .58. Again referring to Table 106 we note that the group with hereditary mental defect (familial) shows the highest admission I.Q. The lowest average intelligence quotients at discharge are seen in the groups mongolism, .31; with congenital cerebral spastic infantile paralyzes, .31; and with developmental cranial anomalies, .15. In four of the clinical groups the females present higher average intelligence quotients at discharge and in seven groups the males present the higher averages.

AGE OF DISCHARGES TO THE COMMUNITY, 1938, BY CLINICAL DIAGNOSES

Table 123 outlines the average age at discharge of cases in the various clinical groups. Again the small numbers in certain groups render inadvisable any generalizations. The highest average age at discharge is seen in the group with epilepsy — idiopathic, 32.5 years. The familial and undifferentiated groups are next with average ages of 27.0 and 23.8 years, respectively. The lowest discharge ages are seen in the groups with developmental cranial anomalies, 7.5 years, congenital paralyzes, 13.8 years and with epilepsy — symptomatic, 15.0 years. In four groups the males present the higher discharge ages. In all others the females show the higher average discharge ages.

TABLE 123. — *Average Age of Discharges from State Schools, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE AGE AT DISCHARGE		
	M.	F.	T.	M.	F.	T.
With developmental cranial anomalies	1	—	1	7.5	—	7.5
With congenital cerebral spastic infantile paralyzes	6	2	8	11.8	20.0	13.8
With epilepsy — symptomatic	2	—	2	15.0	—	15.0
Mongolism	4	2	6	16.2	17.5	16.6
Post-traumatic — natal	3	1	4	15.8	42.5	22.5
With endocrine disorders	3	1	4	14.1	47.5	22.5
Post-infectious	7	7	14	23.9	21.9	22.9
Undifferentiated	61	52	113	20.7	27.5	23.8
Familial	42	47	89	22.7	30.9	27.0
With epilepsy — idiopathic	2	6	8	25.0	35.0	32.5
Other forms	5	9	14	23.5	21.3	22.1
Total	136	127	263	20.7	28.3	24.4

(See Table 265 for detail)

TABLE 124. — *Length of School Residence during This Admission of Cases Discharged, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	42	47	89	7.3	10.0	8.7
Mongolism	4	2	6	1.4	5.5	2.8
With developmental cranial anomalies	1	—	1	.1	—	.1
With congenital cerebral spastic infantile paralyzes	6	2	8	.9	8.9	2.9
Post-infectious	7	7	14	5.7	6.7	6.2
Post-traumatic — natal	3	1	4	3.1	32.5	10.5
With epilepsy — symptomatic	2	—	2	3.5	—	3.5
With epilepsy — idiopathic	2	6	8	12.5	18.0	16.6
With endocrine disorders	3	1	4	.9	2.5	1.3
Undifferentiated	61	52	113	6.0	8.2	7.0
Other forms	5	9	14	9.0	5.4	6.7
Total	136	127	263	6.0	9.2	7.5

(See Table 270 for detail)

LENGTH OF SCHOOL STAY DURING THIS ADMISSION, DISCHARGES TO THE
COMMUNITY, 1938, BY CLINICAL DIAGNOSES

Table 124 shows the length of residence of discharges during 1938 in the various clinical groups. All cases discharged reveal an average net length of residence of 7.5 years, 6.0 years for the males and 9.2 years for the females. The group with epilepsy — idiopathic remained for the longest period, an average of 16.6 years. The group post-traumatic — natal is second with an average of 10.5 years and the familial group is third with an average of 8.7 years. The shorter averages are observed in endocrine disorders, 1.3 years and in developmental cranial anomalies, .1 years. In eight of the eleven groups the females reveal the longer school stay before discharge.

Section J. Deaths in State Schools for the Mentally Deficient, 1938

The following section presents data in reference to cases dying within the three State schools during the statistical year ended September 30, 1938.

DEATHS IN STATE SCHOOLS, 1917-1938: RATES PER 1,000 UNDER TREATMENT

Table 125 gives the numbers and rates per 1,000 under treatment of all deaths in State schools for each year of the period 1917-1938. In the totals the high rate of 50.3 deaths per 1,000 under treatment occurs in 1919, and the low rate of 8.0 in 1931. In the sexes the males show higher death rates in fifteen of the twenty-two years. The females show higher rates in five years, and the rates are the same for both sexes in two years. It is interesting to note these higher death rates in males in view of the fact that the resident population of State schools shows a younger age distribution for males than females. In general, there is a slight downward trend in the death rates of State schools over the twenty-two year period observed.

TABLE 125. — *Deaths in State Schools, 1917-1938, by Sex: Rates per 1,000 Cases Under Treatment*

YEARS	NUMBER UNDER TREATMENT			DEATHS			RATES PER 1,000 UNDER TREATMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1917	1,614	1,350	2,964	23	16	39	14.2	11.8	13.1
1918	1,591	1,398	2,989	40	29	69	25.1	20.7	23.0
1919	1,609	1,412	3,021	99	53	152	61.5	37.5	50.3
1920	1,721	1,513	3,234	22	16	38	12.7	10.5	11.7
1921	1,589	1,554	3,143	20	23	43	12.5	14.8	13.6
1922	1,596	1,595	3,191	15	15	30	9.3	9.3	9.4
1923	1,742	1,714	3,456	30	27	57	17.2	15.7	16.4
1924	1,866	1,846	3,712	30	20	50	16.0	10.8	13.4
1925	1,964	1,965	3,929	33	16	49	16.8	8.1	12.4
1926	1,961	2,044	4,005	26	26	52	13.2	12.7	12.9
1927	2,079	2,060	4,139	31	26	57	14.9	12.6	13.7
1928	2,130	2,062	4,192	38	27	65	17.8	13.0	15.5
1929	2,126	2,061	4,187	36	24	60	16.9	11.6	14.3
1930	2,186	2,216	4,402	22	27	49	10.0	12.1	11.1
1931	2,250	2,365	4,615	18	19	37	8.0	8.0	8.0
1932	2,329	2,467	4,796	26	37	63	11.1	14.9	13.1
1933	2,438	2,566	5,004	33	32	65	13.5	12.4	12.9
1934	2,507	2,688	5,195	40	44	84	15.9	16.3	16.1
1935	2,601	2,768	5,369	28	32	60	10.8	11.6	11.2
1936	2,640	2,795	5,435	39	26	65	14.7	9.3	11.9
1937	2,743	2,836	5,579	38	31	69	13.8	10.9	12.3
1938	2,721	2,831	5,552	38	26	64	13.9	9.1	11.5

DEATHS IN STATE SCHOOLS, 1938, BY SCHOOL: RATES PER 1,000 CASES UNDER
TREATMENT

A total of 64 cases died in all State schools during the last statistical year; 38 males and 26 females (Table 126). Wrentham State School showed 44 deaths, Fernald and Belchertown 10 deaths each.

To make these figures comparable, we have calculated the death rates per 1,000 cases under treatment during the year. The death rate for all schools taken together was 11; 13 deaths per 1,000 males and 9 deaths per 1,000 females under treatment. Wrentham presents the highest death rate of 20. Belchertown is lower with a death rate of 7 and Fernald shows the low rate of 4. Sex differences in death rates are observed at the schools. At all three the death rate for the males is nearly twice that for the females.

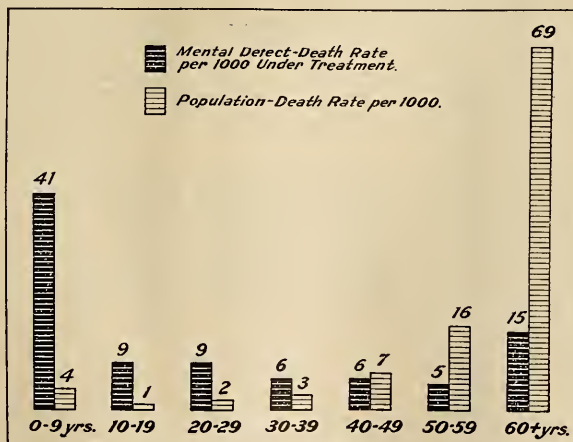
TABLE 126. — *Deaths in State Schools, 1938, by School: Numbers and Rates per 1,000 Cases Under Treatment*¹

STATE SCHOOLS	NUMBER UNDER TREATMENT			DEATHS			RATES PER 1,000 UNDER TREATMENT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	584	797	1,381	6	4	10	10.	5.	7.
Walter E. Fernald . .	1,221	844	2,065	7	3	10	5.	3.	4.
Wrentham . . .	916	1,190	2,106	25	19	44	27.	15.	20.
Total . . .	2,721	2,831	5,552	38	26	64	13.	9.	11.

¹Cases under treatment are obtained by adding the resident population on September 30, 1938, and discharges and deaths during the year 1938.

MENTAL STATUS OF DEATHS IN STATE SCHOOLS, 1938, BY AGE: DEATH RATES PER 1,000 CASES UNDER TREATMENT OF SAME GROUPS

Table 127 shows the age at death of all cases dying during 1938, and the death rates per 1,000 cases under treatment of the same age and mental status groups. The age group 0-9 years shows the high death rate of 41 and the group 60 years and over follows with a rate of 15. The lowest rates are noted for the ages from 30 to 59. Deaths in State schools show high rates in the youngest and oldest age groups. The males show higher death rates in five of the seven groups. In the general population the death rates of the males are uniformly higher than those of the females. This population tendency is greatly exaggerated in certain age groups. Graph 13 presents the death rates per 1,000 under treatment for each age group compared with the death rate in the general population during 1938.



GRAPH 13. — *DEATH RATES IN MENTAL DEFICIENCY (STATE SCHOOLS) COMPARED WITH DEATH RATES IN MASSACHUSETTS GENERAL POPULATION, 1938, BY AGES*

In considering the death rates in the separate mental status groups (Graph 14) the idiots show the highest death rate of 41 per 1,000 under treatment during the year. The imbeciles are next with a death rate of 10 and the morons show a rate of 2. The death rate of the imbeciles was five times that of the morons. The rate for the idiots was twenty times that of the morons. The males show higher death rates in the imbeciles and the females in the idiots. The rates are the same in the moron group.

CLINICAL DIAGNOSES OF DEATHS IN STATE SCHOOLS, 1938, BY AGE: RATES PER 1,000 UNDER TREATMENT

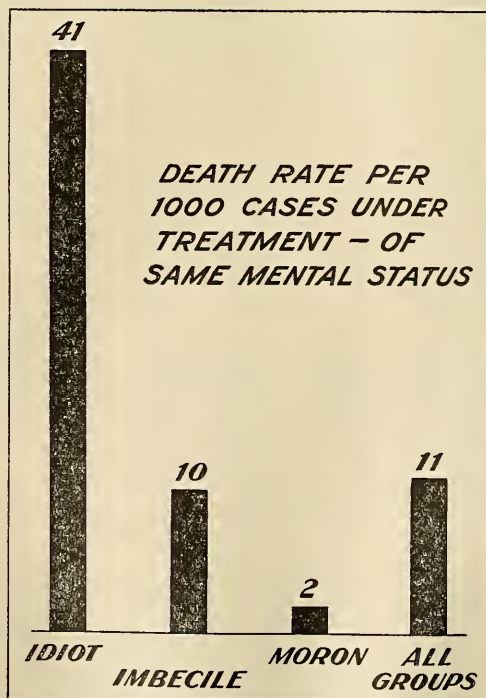
In Table 128 we observe the death rates in the various clinical diagnoses by age at death. In the clinical groups the high death rate of 56 occurs in the group with mon-

golism. Second in order is the group with epilepsy — symptomatic with a death rate of 41, while the group post-traumatic — post-natal is third with 35. The low death rates are observed in the groups other forms with 6; and undifferentiated with 5. The low death rate of 7 in the hereditary group (familial) is interesting from the viewpoint of the possible survival of this type of patient. It will be recalled that this group showed a high discharge rate also. All of the clinical groups tend to show high death rates under 10 years of age.

TABLE 127. — *Deaths at State Schools, 1938, by Mental Status and Age at Death: Rates per 1,000 Cases Under Treatment of Same Mental Status and Age Groups*

MENTAL STATUS	Sex	AGE DISTRIBUTION							
		All Ages	0-9 Years	10-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 Years and Over
Idiot	M.	40.	58.	32.	52.	35.	—	—	—
	F.	42.	169.	29.	10.	16.	—	—	—
	T.	41.	112.	31.	34.	25.	—	—	—
Imbecile	M.	14.	27.	15.	10.	10.	8.	20.	52.
	F.	6.	12.	9.	—	4.	15.	—	—
	T.	10.	20.	12.	5.	7.	11.	8.	23.
Moron	M.	2.	—	3.	4.	—	—	—	—
	F.	2.	—	—	6.	—	—	—	—
	T.	2.	—	2.	6.	—	—	—	—
Total	M.	13.	27.	11.	16.	11.	5.	12.	40.
	F.	9.	58.	7.	4.	3.	6.	—	—
	T.	11.	41.	9.	9.	6.	6.	5.	15.

(See Table 286 for detail)



GRAPH 14. — *PATIENTS DYING IN STATE SCHOOLS, 1938. RATES PER 1,000 CASES UNDER TREATMENT OF SAME MENTAL STATUS*

TABLE 128. — *Deaths at State Schools, 1938, by Clinical Diagnoses and Age at Death: Rates per 1,000 Cases under Treatment¹ of Same Clinical Group and Age*

CLINICAL DIAGNOSES	Total	0-9 Years	10-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60 Years and Over
Familial	7.	42.	3.	7.	6.	8.	—	125.
Mongolism	56.	88.	49.	31.	—	200.	—	—
With developmental cranial anomalies	26.	75.	—	—	50.	—	—	—
With congenital cerebral spastic infantile paralyses	14.	37.	15.	18.	—	—	—	—
Post-infectious	7.	—	—	16.	23.	—	—	—
Post-traumatic — natal	17.	71.	—	35.	—	—	—	—
Post-traumatic — post-natal	35.	—	90.	—	—	—	—	—
With epilepsy — symptomatic	41.	—	166.	—	—	—	—	—
With epilepsy — idiopathic	28.	667.	—	32.	—	—	—	—
With endocrine disorders	26.	—	52.	—	—	—	—	—
Undifferentiated	5.	5.	4.	8.	2.	4.	11.	—
Other forms	6.	—	12.	—	17.	—	—	—
Total	11.	41.	9.	9.	6.	6.	5.	15.

¹Cases under treatment include the resident population on September 30, 1938, plus discharges and deaths during the year 1938.

ECONOMIC STATUS OF DEATHS IN STATE SCHOOLS, 1938, BY MENTAL STATUS: DEATH RATES PER 1,000 UNDER TREATMENT OF SAME GROUPS

Table 129 outlines the economic status of cases dying in State schools during 1938 and the death rates per thousand cases under treatment, by mental status. In the totals the dependent cases show the low death rate of 7, a rate of 8 for the males and 6 for the females. The marginal group is next in order with a rate of 13, 15 for the males and 11 for the females. The comfortable group is third with the high death rate of 18. The males show higher death rates in each group. It is to be noted that the cases of dependent economic status show the lowest death rate. This contrasts sharply with the situation in mental diseases (Table 59) where patients of dependent status have the highest death rate. The lower death rates for the dependent are observed in the mental status groups idiot and imbecile. In the idiot group patients of comfortable economic status present the high death rate.

MENTAL STATUS OF DEATHS IN STATE SCHOOLS, 1938, BY AGE

Table 130 outlines the average age at death of patients dying in State schools during 1938 by mental status. The totals show an average age of 18.9 years at death for all cases dying, 21.2 for the males and 15.6 for the females. The idiot group showed the lowest average age at death, 14.9 years. The morons are next with an average of 20.0 years and the imbeciles next with 24.4 years. The morons are the only group in which a higher age at death is seen among the females, 22.5 years as compared with 17.5 for the males. In the other mental status groups the male idiots averaged eight years older than the females and the imbeciles some seven months.

AGE OF DEATHS IN STATE SCHOOLS, 1938, BY SCHOOL

Table 131 presents the age at death of all patients dying during 1938, by school. Of the 64 deaths, 38 or 59% were under 20 years of age; 15 or 23% were between 20 and 29 years of age and 11 or 17% were 30 years of age or over. The Wrentham State School is presenting the larger number of deaths in the younger age groups, due to the fact that this school makes it a general practice to accept younger children. Wrentham presents the youngest average age at death of 15 years, 17 years for the males and 12 years for the females. Fernald is higher with an average of 22 years, 21 years for the males and 24 years for the females. Belchertown shows the highest average age at death, 31 years, 36 years for the males and 22 years for the females. The Belchertown and Wrentham State Schools show higher average ages at death in the males. Fernald shows the higher average age at death in the females.

LENGTH OF SCHOOL STAY OF DEATHS IN STATE SCHOOLS, 1938, BY MENTAL STATUS

Table 132 gives the length of school stay during this admission of cases dying in State schools during 1938, by mental status. The totals reveal that patients dying had remained within the institution an average of 7.5 years previous to death, 8.7 years for the

TABLE 129. — *Economic Status of Deaths in State Schools, 1938, by Mental Status and Sex: Death Rates per 1,000 of Same Economic Status Groups Under Treatment*

ECONOMIC STATUS	TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent:															
Under Treatment															
Deaths	871	1,211	2,082	103	88	191	364	392	756	374	689	1,063	30	42	72
Rate per 1,000	7	8	15	3	4	7	3	1	4	1	3	4	—	—	—
	8.	6.	7.	29.	45.	36.	8.	2.	5.	2.	4.	3.	—	—	—
Marginal:															
Under Treatment															
Deaths	1,759	1,544	3,303	314	271	585	782	682	1,464	629	566	1,195	34	25	59
Rate per 1,000	28	18	46	13	12	25	13	6	19	2	—	2	—	—	—
	15.	11.	13.	41.	44.	42.	16.	8.	12.	3.	—	1.	—	—	—
Comfortable:															
Under Treatment															
Deaths	87	73	160	26	16	42	42	37	79	18	20	38	1	—	1
Rate per 1,000	3	—	3	2	—	2	1	—	1	—	—	—	—	—	—
	34.	—	18.	76.	—	47.	23.	—	12.	—	—	—	—	—	—
Unknown:															
Under Treatment															
Deaths	4	3	7	1	—	1	2	1	3	1	2	3	—	—	—
Rate per 1,000	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total:															
Under Treatment	2,721	2,831	5,552	444	375	819	1,190	1,112	2,302	1,022	1,277	2,299	65	67	132
Deaths	38	26	64	18	16	34	17	7	24	3	3	6	—	—	—
Rate per 1,000	13.	9.	11	40.	42.	41.	14.	6.	10.	2.	2.	2.	—	—	—

TABLE 130. — *Average Age of Deaths in State Schools, 1938, by Mental Status and Sex*

	MENTAL STATUS			NUMBER			AVERAGE AGE AT DEATH IN YEARS		
				M.	F.	T.	M.	F.	T.
Idiot	.	.	.	18	16	34	18.7	10.6	14.9
Imbecile	.	.	.	17	7	24	24.6	24.0	24.4
Moron	.	.	.	3	3	6	17.5	22.5	20.0
Total	.	.	.	38	26	64	21.2	15.6	18.9

(See Table 271 for detail)

males and 5.6 years for the females. The shortest average length of stay, 7.3 years, occurs in the imbecile group. The idiot group shows an average residence before death of 7.5 years and the moron group 7.8 years. In the idiot and imbecile groups the males present a longer residence than the females. However, in the moron group the length of residence for the females is longer than that for the males.

TABLE 131. — *Age at Death of Patients Who Died in State Schools, 1938, by School and Sex*

AGE AT DEATH	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	3	6	9	—	—	—	—	—	—	3	6	9
5-9 years	4	6	10	—	1	1	—	1	1	4	4	8
10-14 "	5	2	7	—	—	—	2	—	2	3	2	5
15-19 "	8	4	12	1	1	2	1	1	2	6	2	8
20-24 "	9	4	13	1	1	2	3	—	3	5	3	8
25-29 "	2	—	2	1	—	1	—	—	—	1	—	1
30-34 "	1	2	3	—	—	—	—	—	—	1	2	3
35-39 "	3	—	3	1	—	1	1	—	1	1	—	1
40-44 "	—	1	1	—	1	1	—	—	—	—	—	—
45-49 "	1	1	2	—	—	—	—	1	1	1	—	1
50-54 "	1	—	1	1	—	1	—	—	—	—	—	—
55-59 "	—	—	—	—	—	—	—	—	—	—	—	—
60 years and over	1	—	1	1	—	1	—	—	—	—	—	—
Total	38	26	64	6	4	10	7	3	10	25	19	44
Average Age	21.2	15.6	18.9	36.7	22.5	31.0	21.0	24.1	22.0	17.6	12.8	15.5

TABLE 132. — *Length of School Residence during THIS Admission, Deaths in State Schools, 1938, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	18	16	34	9.6	5.2	7.5
Imbecile	17	7	24	8.0	5.6	7.3
Moron	3	3	6	7.5	8.1	7.8
Total	38	26	64	8.7	5.6	7.5

Table 133 gives the length of school residence during *all* admissions of patients dying in State schools during 1938. The 64 patients dying had remained in residence a total of 8.1 years previous to death. The average for the males was 9.8 years and for the females 5.6 years. The morons show the longest school residence previous to death, 7.8 years, 7.5 years for the males and 8.1 years for the females. The idiots show an average of 7.7 years, 9.8 years for the males and 5.2 years for the females. The imbeciles show a residence of 7.0 years, 7.6 years for the males and 5.6 years for the females.

TABLE 133. — *Length of School Residence during ALL Admissions, Deaths in State Schools, 1938, by Mental Status and Sex*

MENTAL STATUS	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Idiot	18	16	34	9.8	5.2	7.7
Imbecile	17	7	24	7.6	5.6	7.0
Moron	3	3	6	7.5	8.1	7.8
Total	38	26	64	9.8	5.6	8.1

(See Table 274 for detail)

CAUSE OF DEATH OF PATIENTS DYING IN STATE SCHOOLS, 1938, BY CLINICAL DIAGNOSES

Table 134 presents the causes of death in patients dying in State schools during 1938 in accordance with the main groupings of the International List, by clinical groupings. The totals show that infectious diseases account for 29% of deaths, diseases of the respira-

TABLE 134. — *Causes of Death of Patients Dying in State Schools, 1938, by Clinical Diagnoses and Sex: Number and Percentage Distribution*

CAUSES OF DEATH		Total		Familial		Mongolism		With developmental cranial anomalies		With congenital cerebral spastic infantile paralysis		Post-infectious	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I.	Infectious and Parasitic Diseases	19	29.7	5	38.4	3	16.7	2	50.0	1	33.3	1	50.0
II.	Cancers and Other Tumors	1	1.6	—	—	—	—	—	—	—	—	—	—
III.	Diseases of the Blood and Blood-Making Organs	1	1.6	1	7.7	—	—	—	—	—	—	—	—
IV.	Diseases of the Nervous System and of the Organs of Special Sense	10	15.6	1	7.7	2	11.1	1	25.0	1	33.3	—	—
V.	Diseases of the Circulatory System	6	9.4	3	23.1	—	—	—	—	—	—	—	—
VII.	Diseases of the Respiratory System	13	20.3	1	7.7	8	44.4	—	—	1	33.3	—	—
VIII.	Diseases of the Digestive System	4	6.2	—	—	2	11.1	—	—	—	—	—	—
IX.	Diseases of the Genito-Urinary System	5	7.8	1	7.7	2	11.1	1	25.0	—	—	1	50.0
X.	Diseases of the Genito-Urinary System	4	6.2	—	—	1	5.6	—	—	—	—	—	—
XIV.	Congenital Malformations	1	1.6	1	7.7	—	—	—	—	—	—	—	—
XVII.	Violent and Accidental Deaths	—	—	—	—	—	—	—	—	—	—	—	—
Total		64	100.0	13	100.0	18	100.0	4	100.0	3	100.0	2	100.0

CAUSES OF DEATH		Post-traumatic natal		Post-traumatic post-natal		With epilepsy — symptomatic		With epilepsy — idiopathic		With endocrine disorders		Undifferentiated		Other forms	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I.	Infectious and Parasitic Diseases	—	—	—	—	—	—	—	—	1	50.0	5	38.4	1	50.0
II.	Cancers and Other Tumors	—	—	—	—	—	—	—	—	—	—	1	7.7	—	—
III.	Diseases of the Blood and Blood-Making Organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—
IV.	Diseases of the Nervous System and of the Organs of Special Sense	—	—	1	100.0	—	—	1	33.3	—	—	2	15.4	1	50.0
V.	Diseases of the Circulatory System	—	—	—	—	—	—	—	—	—	—	3	23.1	—	—
VII.	Diseases of the Respiratory System	1	50.0	—	—	1	100.0	—	—	—	—	1	7.7	—	—
VIII.	Diseases of the Digestive System	—	—	—	—	—	—	—	—	—	—	—	—	—	—
IX.	Diseases of the Genito-Urinary System	—	—	—	—	—	—	1	33.3	1	50.0	1	7.7	—	—
X.	Diseases of the Genito-Urinary System	—	—	—	—	—	—	1	33.3	—	—	—	—	—	—
XIV.	Congenital Malformations	1	50.0	—	—	—	—	—	—	—	—	—	—	—	—
XVII.	Violent and Accidental Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total		2	100.0	1	100.0	1	100.0	3	100.0	2	100.0	13	100.0	2	100.0

tory system for 20%, and diseases of the nervous system for 15%. Over 60% of deaths of mental defectives for 1938 fall in these three groups.

We shall not discuss the clinical groups having less than five deaths. Cases of hereditary mental defect (familial) show their highest percentage of deaths among infectious diseases. The mongol group is high in diseases of the respiratory system. The undifferentiated show the high percentage of deaths in infectious diseases. The small number of deaths for a single year renders unreliable comparative statistics between the clinical groups.

CAUSE OF DEATH OF PATIENTS DYING IN STATE SCHOOLS, 1938,
BY MENTAL STATUS

Table 135 gives the percentage distribution of the causes of death in the various mental status groups for 1938. In the totals, the four prominent causes of death are tuberculosis of the respiratory system, 20.3%, bronchopneumonia, 14.0%, other diseases of the heart, 6.2% and congenital malformations, 6.2%. Adding all causes we find that failure of the heart or respiratory system is linked with death in mental defectives in 50% of cases.

TABLE 135. — *Percentage Distribution of Causes of Death and Mental Status of Patients Who Died in State Schools during 1938 Compared with Causes of Death of General Population, 1938*

CAUSES OF DEATH	PERCENTAGE				
	Total	Idiot	Imbecile	Moron	General Population
<i>Infectious and Parasitic Diseases:</i>					
Measles	3.1	5.9	—	—	.02
Scarlet fever	1.6	—	4.1	—	.04
Tuberculosis of the respiratory system	20.3	11.8	29.2	33.3	3.1
Tuberculosis of other organs	1.6	2.9	—	—	.2
Disseminated tuberculosis	1.6	—	4.1	—	.01
Syphilis	1.6	2.9	—	—	.4
<i>Cancer and Other Tumors:</i>					
Cancer and other malignant tumors	1.6	—	4.1	—	13.9
<i>Diseases of the Blood and Bloodmaking Organs:</i>					
Leukemias and pseudo-leukemias	1.6	—	—	16.7	.5
<i>Diseases of the Nervous System and of the Organs of Special Sense:</i>					
Encephalitis (non-epidemic)	1.6	2.9	—	—	.06
Meningitis	1.6	2.9	—	—	.1
Other diseases of the spinal cord	1.6	2.9	—	—	.1
Epilepsy	4.6	5.9	4.1	—	.1
Other diseases of the nervous system	4.6	8.8	—	—	.2
Diseases of the organs of special sense (eye, ear and mastoid)	1.6	2.9	—	—	.1
<i>Diseases of the Circulatory System:</i>					
Endocarditis	1.6	—	4.1	—	3.5
Diseases of the myocardium	1.6	—	4.1	—	11.8
Other diseases of the heart	6.2	5.9	4.1	16.7	9.7
<i>Diseases of the Respiratory System:</i>					
Bronchopneumonia	14.0	14.7	16.7	—	3.7
Lobar pneumonia	3.1	5.9	—	—	2.6
Pleurisy	1.6	—	4.1	—	.1
Other diseases of the respiratory system	1.6	2.9	—	—	.1
<i>Diseases of the Digestive System:</i>					
Hernia, intestinal obstruction	3.1	—	8.3	—	.7
Other diseases of the intestines	1.6	—	4.1	—	.1
Cirrhosis of the liver	1.6	2.9	—	—	.8
<i>Diseases of the Genito-Urinary System:</i>					
Nephritis	4.6	2.9	—	33.3	6.1
Other diseases of the kidneys	3.1	2.9	4.1	—	.2
<i>Congenital Malformations:</i>					
Congenital malformations	6.2	8.8	4.1	—	.7
<i>Violent and Accidental Deaths:</i>					
Homicide	1.6	2.9	—	—	.1
All Other Causes:	—	—	—	—	39.6
Total	100.0	100.0	100.0	100.0	100.0

(See Table 275 for detail)

In the idiot group bronchopneumonia is first with 14.7% and tuberculosis of the respiratory system second with 11.8%. In the imbecile group, tuberculosis of the respiratory system is first with 29.2%, bronchopneumonia second with 16.7%. In the moron group, tuberculosis of the respiratory system was the chief cause of death with 33.3%. Tuberculosis and bronchopneumonia are prominent in every mental status group.

Owing to the younger ages of the resident population of State schools and the older ages of the general population, exact comparisons of causes of death are impossible. However, we note certain diseases are very high in mental deficiency. The infectious diseases account for 29% of State school deaths and 3% of deaths in the population. Other significant differences are epilepsy (State schools 4%, population .1%) and bronchopneumonia (State schools 14%, population 3%).

CLINICAL DIAGNOSES OF DEATHS IN STATE SCHOOLS, 1938, BY INTELLIGENCE QUOTIENT

Table 136 outlines the average intelligence quotient of patients dying during 1938 divided into the various clinical groups. The average intelligence quotient of all patients dying was .23, .22 for the males and .25 for the females. We recall that the average intelligence quotient of discharges was .56 (Table 122). This shows that patients of higher intelligence are discharged while those of lower intelligence contribute more materially to the deaths. Considering only the groups with five or more cases we note that the highest average I.Q. at death occurs in the familial group, with .30. The undifferentiated and the mongols show an average I.Q. of .28. It will be noted that the females present higher average I.Q.'s in nearly all of the clinical groups.

TABLE 136. — *Average Intelligence Quotient of Deaths in State Schools, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Post-traumatic — natal	1	1	2	.05	.05	.05
Post-traumatic — post-natal	1	—	1	.05	—	.05
With epilepsy — symptomatic	—	1	1	—	.05	.05
With epilepsy — idiopathic	—	3	3	—	.08	.08
With congenital cerebral spastic infantile paralyses	2	1	3	.15	.05	.11
Post-infectious	2	—	2	.15	—	.15
With developmental cranial anomalies	1	3	4	.15	.18	.17
With endocrine disorders	1	1	2	.25	.25	.25
Mongolism	9	9	18	.28	.28	.28
Undifferentiated	11	2	13	.28	.30	.28
Familial	9	4	13	.18	.57	.30
Other forms	1	1	2	.15	.05	.10
Total	38	26	64	.22	.25	.23

(See Table 273 for detail)

TABLE 137. — *Average Age of Deaths in State Schools, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE AGE AT DEATH IN YEARS		
	M.	F.	T.	M.	F.	T.
With epilepsy — idiopathic	—	3	3	—	11.1	11.1
With developmental cranial anomalies	1	3	4	37.5	3.5	12.0
Mongolism	9	9	18	12.6	13.2	12.9
With congenital cerebral spastic infantile paralyses	2	1	3	13.0	17.5	14.5
Post-traumatic — natal	1	1	2	22.5	7.5	15.0
Post-traumatic — post-natal	1	—	1	17.5	—	17.5
With epilepsy — symptomatic	—	1	1	—	17.5	17.5
Endocrine disorders	1	1	2	17.5	17.5	17.5
Undifferentiated	11	2	13	25.6	20.0	24.8
Familial	9	4	13	23.7	27.5	24.9
Post-infectious	2	—	2	30.0	—	30.0
Other forms	1	1	2	17.5	32.5	25.0
Total	38	26	64	21.2	15.6	18.9

(See Table 272 for detail)

CLINICAL DIAGNOSES OF DEATHS IN STATE SCHOOLS, 1938, BY AGE

Table 137 presents the average age of patients dying in State schools by clinical groupings. The average age at death was 18.9 years, 21.2 years for the males and 15.6 years for the females. The clinical groups showing the highest average ages at death are

post-infectious, 30.0 years; other forms, 25.0 years; familial, 24.9 years; and undifferentiated, 24.8 years. At the other extreme we have the youngest ages at death shown in the groups with epilepsy — idiopathic, 11.1 years; developmental cranial anomalies, 12.0 years; and mongolism, 12.9 years.

LENGTH OF SCHOOL STAY OF DEATHS IN STATE SCHOOLS, 1938,
BY CLINICAL DIAGNOSES

Table 138 gives the average length of school stay of deaths during 1938 by clinical groupings. Cases dying in State schools during 1938 had remained an average of 7.5 years previous to death, 8.7 years for the males and 5.6 years for the females. The longest time in residence occurs in the groups with other forms, 13.5 years; post-infectious, 12.5 years and with epilepsy — symptomatic, 12.5 years (one case only). The shorter average lengths of residence are seen in the groups with mongolism, 4.1 years and with congenital paralyses, 6.1 years.

TABLE 138. — *Average Length of Residence During THIS Admission of Patients Dying in State Schools, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	9	4	13	10.2	9.2	9.9
Mongolism	9	9	18	4.8	3.4	4.1
With developmental cranial anomalies	1	3	4	27.5	.3	7.1
With congenital cerebral spastic infantile paralyses	2	1	3	9.0	.3	6.1
Post-infectious	2	—	2	12.5	—	12.5
Post-traumatic — natal	1	1	2	17.5	3.5	10.5
Post-traumatic — post-natal	1	—	1	7.5	—	7.5
With epilepsy — symptomatic	—	1	1	—	12.5	12.5
With epilepsy — idiopathic	—	3	3	—	9.1	9.1
With endocrine disorders	1	1	2	7.5	7.5	7.5
Undifferentiated	11	2	13	8.0	2.4	7.2
Other forms	1	1	2	4.5	22.5	13.5
Total	38	26	64	8.7	5.6	7.5

**Section K. Patients in Residence in State Schools for the
Mentally Deficient on September 30, 1938**

The following section is devoted to a discussion of various factors in the resident population and patients carried on the books of State schools on September 30, 1938.

PATIENTS RESIDENT IN PUBLIC AND PRIVATE SCHOOLS, 1904-1938

Table 139 outlines the patients in residence in public and private schools on September 30 of each year from 1904 to 1938, inclusive. The rates per hundred thousand population are given on the totals for all schools and for the State schools. The numbers in all institutions for mental defectives increased from 927 in 1904 to 5,926 in 1938. The rates increased from 30 per hundred thousand of the population in 1904 to 134 in 1938. This is an increase in rates of 346%. The total rates for the males increased from 38 in 1904 to 144 in 1938, a rate increase of 278%. The females increased from a rate of 23 in 1904 to 125 in 1938, an increase of 443%. The residence rates for the males are higher than those for the females in all years of the period. However, the greater increases in the females are bringing about a balance between the sexes. In 1904 the residence rate for the males was 65% higher than that for the females. In 1938 the residence rate was but 15% higher.

In considering the figures for State schools only, we note that the numbers increased from 847 in 1904 to 5,225 in 1938. The resident rates have shown increases from 27 in 1904 to 118 in 1938. The males increased from a rate of 34 in 1904 to 119 in 1938, an increase of 250%. The females increased from 21 in 1904 to 117 in 1938, an increase of 457%. The males have shown higher residence rates in all years from 1904 to 1921. The sexes showed the same rates in the years 1922, 1923, 1926 and 1927. In 1925 and from 1931 to 1936, inclusive, the females have shown higher residence rates. In 1937 and 1938 the male rate was higher. In the State schools marked increases have been made in bed provision for females who were mentally defective.

TABLE 139. — *Patients in Residence in Public and Private Schools for the Mentally Defective, 1904-1938, Rates per 100,000 Population*¹

YEARS	TOTAL — ALL SCHOOLS			STATE SCHOOLS			DEFECTIVE DELINQUENTS (BRIDGEWATER)		HOSPITAL COTTAGES		PRIVATE SCHOOLS	
	Number			Rate			M.		M.		M.	
	M.	F.	T.	M.	F.	T.	M.	F.	M.	F.	M.	F.
1904	569	358	927	38.	23.	30.	513	334	847	34.	21.	27.
1905	672	433	1,105	44.	27.	35.	617	411	1,028	40.	26.	33.
1906	722	474	1,196	46.	29.	38.	668	452	1,120	43.	28.	35.
1907	768	537	1,305	48.	32.	40.	713	515	1,228	45.	31.	38.
1908	843	563	1,406	52.	33.	43.	793	539	1,332	49.	32.	40.
1909	906	610	1,516	55.	36.	45.	856	587	1,443	52.	34.	43.
1910	967	680	1,647	58.	39.	48.	915	652	1,567	55.	38.	46.
1911	1,026	710	1,736	61.	40.	50.	968	674	1,642	57.	38.	48.
1912	1,106	836	1,942	64.	47.	53.	1,049	796	1,845	61.	45.	53.
1913	1,147	862	2,009	66.	48.	57.	1,091	829	1,920	63.	46.	54.
1914	1,308	1,006	2,314	74.	55.	64.	1,227	967	2,194	70.	53.	61.
1915	1,370	1,054	2,424	77.	57.	67.	1,292	1,016	2,308	72.	55.	63.
1916	1,457	1,245	2,702	81.	66.	73.	1,376	1,206	2,582	76.	64.	70.
1917	1,497	1,293	2,790	82.	68.	75.	1,419	1,254	2,673	77.	66.	72.
1918	1,521	1,403	2,924	82.	71.	77.	1,431	1,332	2,763	77.	69.	73.
1919	1,519	1,379	2,898	81.	73.	76.	1,432	1,307	2,739	76.	67.	71.
1920	1,538	1,437	2,975	81.	73.	77.	1,452	1,368	2,820	76.	69.	73.
1921	1,553	1,522	3,075	81.	76.	79.	1,466	1,475	2,941	76.	74.	75.
1922	1,500	1,512	3,012	77.	75.	76.	1,389	1,460	2,849	72.	72.	72.
1923	1,571	1,711	3,282	84.	84.	91.	1,592	1,647	3,239	81.	81.	81.
1924	1,919	1,818	3,737	97.	88.	93.	1,699	1,761	3,460	86.	85.	86.
1925	1,979	1,908	3,887	99.	92.	95.	1,746	1,847	3,593	88.	89.	88.
1926	2,048	1,962	4,010	102.	93.	98.	1,796	1,864	3,660	89.	89.	89.
1927	2,147	2,060	4,207	106.	97.	101.	1,852	1,935	3,787	91.	91.	91.
1928	2,298	2,111	4,409	112.	98.	103.	1,956	1,956	3,912	95.	91.	93.
1929	2,354	2,153	4,507	114.	99.	107.	1,980	1,961	3,941	96.	90.	93.
1930	2,425	2,284	4,709	117.	104.	110.	2,050	2,109	4,159	98.	96.	97.
1931	2,519	2,442	4,961	120.	111.	115.	2,135	2,277	4,412	103.	104.	103.
1932	2,614	2,522	5,136	124.	113.	118.	2,205	2,361	4,566	106.	108.	107.
1933	2,763	2,620	5,383	129.	116.	123.	2,316	2,455	4,771	108.	109.	109.
1934	2,801	2,721	5,522	130.	120.	125.	2,375	2,558	4,933	110.	111.	111.
1935	2,840	2,785	5,625	134.	124.	131.	2,399	2,610	5,009	113.	116.	115.
1936	2,920	2,847	5,767	137.	126.	134.	2,461	2,672	5,133	116.	118.	117.
1937	3,060	2,857	5,917	143.	126.	134.	2,570	2,674	5,244	120.	118.	119.
1938	3,074	2,852	5,926	144.	125.	134.	2,547	2,678	5,225	119.	117.	118.

¹Estimated for intercensal years.

It is interesting to recall that the resident rates for mental hospitals rose from 278 in 1904 to 499 in 1938, an increase of 79%. Over the same period the resident rates for State schools rose from 27 in 1904 to 118 in 1938, an increase of 337%. Residence rates for mental diseases, ten times as high as the residence rates for mental defectives in 1904, are only four times as high in 1938. Mental defect is gaining on mental diseases as a major public health problem.

MENTAL STATUS OF PATIENTS RESIDENT IN STATE SCHOOLS, 1938,
BY SCHOOL

Table 140 presents the mental status of cases resident in the three State schools on September 30, 1938, giving the percentage distributions. Considering the totals, the idiot group make up 14.8% of the resident population of all schools, 16.4% of the males and 13.2% of the females. The imbecile group constitute 42.5% of the resident population, 44.7% of males and 40.4% of females. The morons comprise 40.7%, 36.7% of males and 44.5% of females. The borderline group make up 1.5%; with .4% for the dull normals and .1% for the normals. The males exceed the females in the idiot, imbecile, dull normal and normal classifications. The females offer a higher percentage in the moron cases, and the borderline cases are equally divided between the sexes. Considering the schools separately, Wrentham has the largest percentage in the idiot group, 16.7% and also in the imbecile group, 44.7%. Belchertown has the largest proportion in the moron group, 47.9%.

LENGTH OF SCHOOL STAY OF PATIENTS IN RESIDENCE, 1938,
BY AGE AT ADMISSION

Table 141 presents material on the age at admission and average length of school stay of all patients in residence in State schools on September 30, 1938. For all patients in residence, the average admission age was 13.8 years, 12.1 years for the males and 15.5 years for the females. The average length of time in residence for all patients within schools was 11.1 years, 11.2 years for the males and 11.0 years for the females. A total of 1,551 patients were admitted between the age of 5 and 9 years; 1,525 between the ages of 10 and 14 years; and 987 between the age of 15 and 19 years. Sixty-five per cent of the resident population were admitted under the age of 15 years; 91% under the age of 25 years and 97% under 35 years.

In comparing the sexes we note that the males are higher in the admission age groups under 5 years, 5-9 years and 10-14 years, a total of 1,944 of the resident males being admitted during these ages as compared with 1,474 of the females. However, in the admission ages between 15 and 55 years we find the females predominating, or 1,202 of the resident females admitted in these age groups as compared with 601 of the males. Males tend to be admitted under the age of 14 years (76%). Among the females only 55% fall in the same ages. In the females the distribution of admission ages show a more uniform spread throughout all ages.

TABLE 141. — *Average Length of School Residence During This Admission, Patients Resident in State Schools on September 30, 1938, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	190	152	342	8.2	7.6	7.9
5-9 years	946	605	1,551	10.7	10.5	10.6
10-14 years	808	717	1,525	11.5	11.3	11.4
15-19 years	371	616	987	12.3	10.4	11.1
20-24 years	112	264	376	12.9	13.7	13.5
25-29 years	54	137	191	13.5	11.6	12.1
30-34 years	22	86	108	14.0	13.3	13.5
35-39 years	24	54	78	13.2	10.9	11.6
40-44 years	9	24	33	13.5	8.0	9.5
45-49 years	7	12	19	9.0	10.1	9.7
50-54 years	2	9	11	12.5	10.1	10.5
55-59 years	2	2	4	3.0	12.5	7.7
60 years and over	—	—	—	—	—	—
Total	2,547	2,678	5,225			
Average Admission Age and Average Length of Residence	12.1	15.5	13.8	11.2	11.0	11.1

In the second section of this table we note that those admitted under five years or over 55 years of age have shown a short school stay of 7.9 and 7.7 years, respectively. The length of stay increases gradually through the various age groups up to a school residence of 13.5 years in the age group 20-24 years. The 30-34 group also shows a long stay of 13.5 years. The males show the longer period of residence in State schools in nine of the twelve age periods.

LENGTH OF SCHOOL STAY OF PATIENTS IN RESIDENCE, 1938,
BY PRESENT AGE

Table 142 presents the present age and average length of school stay of patients in residence on September 30, 1938. The average present age of all resident cases was 24.5 years, 22.8 years for the males and 26.1 years for the females. The average length of residence is 11.1 years, 11.2 years for the males and 11.0 years for the females. In present age, the 15-19 year group leads with 1,026 cases. The 10-14 year group is second with 865 cases; the 20-24 year group third with 784 cases; and the 25-29 year age group fourth with 611 cases. It is interesting to note that we have a total of 245 cases, or 4% in residence who are, at present, over 50 years of age. Sixty-two are over 60 years of age and 5 are over 70. Only 62 of the resident cases are under 5 years of age. A total of 62% of resident patients are between the ages of 10 and 30 years. From the age of 20 years onward, the females offer the larger numbers. In the age groups up to 19 years and in the 55-59 year group, the males present the larger numbers.

TABLE 142. — *Average Length of School Residence During This Admission, Patients Resident in State Schools on September 30, 1938, by Present Age and Sex*

PRESENT AGE	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Under 5 years	38	24	62	1.2	1.3	1.2
5-9 years	201	163	364	2.5	2.8	2.6
10-14 years	529	336	865	4.6	4.5	4.5
15-19 years	563	463	1,026	6.6	5.4	6.1
20-24 years	320	464	784	10.7	8.6	9.4
25-29 years	285	326	611	14.6	12.1	13.3
30-34 years	204	273	477	18.5	15.4	16.7
35-39 years	135	214	349	20.6	17.1	18.5
40-44 years	98	172	270	25.1	18.5	20.9
45-49 years	72	100	172	28.6	22.0	24.8
50-54 years	44	78	122	30.7	23.6	26.1
55-59 years	34	27	61	30.3	30.4	30.3
60-64 years	17	23	40	29.8	25.8	27.5
65-69 years	7	10	17	41.5	29.2	34.2
70 years and over	—	5	5	—	30.8	30.8
Total	2,547	2,678	5,225			
Average Present Age and Average Length of Residence	22.8	26.1	24.5	11.2	11.0	11.1

Viewing the average length of time in residence in the second section of Table 142 we note a positive correlation between age and length of residence. Patients under 5 years of age at the present time have remained in schools an average of 1.2 years. Gradual increases occur until a school stay of 30.8 years is seen in those 70 years of age. Significant sex differences occur. In eleven of the fifteen age groups the males have remained within school for longer periods than the females.

If we calculate the maintenance costs, interest on capital investment, depreciation, etc., we come to an approximate figure of \$450.00 per year for the State school care of each mental defective. The 5,225 cases in residence in our State schools, with an average stay of 11.1 years, have already cost the Commonwealth the sum of \$26,098,875.

MENTAL STATUS OF PATIENTS RESIDENT IN STATE SCHOOLS, 1929-1938:
RATES PER 100,000 OF POPULATION AGED 0-44 YEARS

Table 143 gives the mental status of cases in residence in State schools on September 30 of each year from 1929 to 1938. In comparison with the State population aged 0-44 years (1930 census), the rate for the resident population of State schools increased from 126 per hundred thousand in 1929 to 167 in 1938, a rate increase of 32% in nine years, or 3.2% per year. Among the idiots, the rate of 23 in 1929 is approximated by the 24

of 1938. The imbecile group increases from a low of 46 in 1929 to a high of 71 in 1938. The morons show a less precipitate increase, from 52 in 1929 to 68 in 1938. The group not mentally defective shows a uniformly low rate of about 4 throughout the years studied, although 1938 shows a drop to 3. Over the period 1929 to 1938, both the imbeciles and morons show marked increases, while the idiot and not mentally defective groups show little change. The accumulation of these various mental status groups within institutions measures, to a certain degree, the extent of community demand for provision for and the possibility of return to the community of the different types of patients. The idiot group presents uniform residence rates throughout the ten-year period. The imbecile and moron groups both show conspicuous increases, the trend being more marked in the imbeciles. The high death rate in the idiot group undoubtedly is a contributing factor in keeping the residence rates on an even level. The moron group is showing a low death rate, a high discharge rate and a moderate degree of accumulation. There is less opportunity of placing the imbeciles in the community as parolees and this group is showing a pronounced accumulation.

TABLE 143. — *Mental Status of Cases Resident in State Schools on September 30, 1929-1938: Numbers and Rates per 100,000 Population of State 0-44 Years of Age, 1930 Census*

YEARS	TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1929 . . .	3,941	126.	721	23.	1,450	46.	1,622	52.	148	4.
1930 . . .	4,159	133.	778	24.	1,517	48.	1,737	55.	127	4.
1931 . . .	4,412	141.	821	26.	1,623	52.	1,816	58.	152	4.
1932 . . .	4,566	146.	836	26.	1,649	52.	1,920	61.	161	5.
1933 . . .	4,771	153.	908	29.	1,723	55.	1,961	62.	179	5.
1934 . . .	4,933	158.	699	22.	1,978	63.	2,103	67.	153	4.
1935 . . .	5,009	160.	726	23.	2,052	65.	2,089	67.	142	4.
1936 . . .	5,133	164.	729	23.	2,137	68.	2,141	68.	126	4.
1937 . . .	5,244	168.	771	24.	2,216	71.	2,144	68.	113	3.
1938 . . .	5,225	167.	771	24.	2,221	71.	2,128	68.	105	3.

NATIVITY OF PATIENTS RESIDENT IN STATE SCHOOLS, 1938, BY ADMISSION AGE

The average admission age of the resident population was 13.8 years, 12.1 years for males and 15.5 years for females (Table 144). The native born of the resident population were admitted 6.6 years younger than the foreign born, 13.6 years for the native born and 20.2 years for the foreign born. The native born with both parents foreign born were admitted at an average age of 13.9 years, 12.6 years for males and 15.1 years for females. The native born with one parent foreign born and the other parent native born show an average admission age of 13.5 years, 11.8 years for males and 15.2 years for females. The native born of native parentage were admitted at an average of 13.2 years, 11.7 years for males and 14.8 years for females. The native born were admitted at younger ages than the foreign born. Within the native born classification itself, however, the three parentage groups show admission ages within a year of each other.

ADMISSION AGE, PRESENT AGE AND LENGTH OF SCHOOL STAY OF RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1938

Table 145 gives us the average age at admission, the average present age and the average length of school stay of patients in residence and patients out on visit on September 30, 1938 for the three schools. The Fernald State School shows the highest average present age of resident patients, 26.6 years. Belchertown is second with an average of 25.0 years. Wrentham shows the youngest resident age, 22.1 years. All show older present ages in females than in males. Turning to the third section of this table we note that the Fernald State School shows the longest average residence of 13.3 years, 13.4 years for the males and 13.2 years for the females. Wrentham is next in order with 9.8 years for the resident cases, 8.6 years for the males and 10.7 years for the females. Belchertown presents an average of 8.2 years, 8.3 years for the males and 8.0 years for the females.

TABLE 144. — Admission Ages of Patients Resident in State Schools on September 30, 1938, by Nativity, Parentage and Sex

ADMISSION AGE	AGGREGATE			NATIVE BORN					
	TOTAL			Both Parents Foreign Born			One Parent Native One Parent Foreign		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	190	152	342	190	152	342	30	27	57
5-9 years	946	605	1,551	922	595	1,517	174	108	282
10-14 years	808	717	1,525	784	692	1,476	128	112	240
15-19 years	371	616	987	352	597	949	66	108	174
20-24 years	112	264	376	108	244	351	12	36	48
25-29 years	54	137	191	50	130	180	9	24	33
30-34 years	22	86	108	20	75	95	3	15	18
35-39 years	24	54	78	21	46	67	2	8	10
40-44 years	9	24	33	8	18	26	3	4	7
45-49 years	7	12	19	6	10	16	2	3	5
50-54 years	2	9	11	1	8	9	—	1	1
55-59 years	2	2	4	2	2	4	—	—	—
60 years and over	—	—	—	—	—	—	—	—	—
Total	2,547	2,678	5,225	2,464	2,568	5,032	734	788	1,522
Average Age	12.1	15.5	13.8	12.0	15.2	13.6	12.6	15.1	13.9
							429	446	875
							11.8	15.2	13.5

ADMISSION AGE	NATIVE BORN — Con.			FOREIGN BORN			NATIVITY UNKNOWN		
	PARENTAGE — Con.			Unknown					
	Both Parents Native Born								
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	110	78	188	15	13	28	—	—	—
5-9 years	387	241	628	100	55	155	6	2	8
10-14 years	333	267	600	79	88	167	5	2	7
15-19 years	132	231	363	37	80	117	6	—	6
20-24 years	41	85	126	11	43	54	—	1	1
25-29 years	17	51	68	7	19	26	—	1	1
30-34 years	11	30	41	1	6	7	—	1	1
35-39 years	13	15	28	—	12	12	—	1	1
40-44 years	5	8	13	—	2	2	—	—	—
45-49 years	1	4	5	—	1	1	—	—	—
50-54 years	—	3	3	—	1	1	—	—	—
55-59 years	1	1	2	—	—	—	—	—	—
60 years and over	—	—	—	—	—	—	—	—	—
Total	1,051	1,014	2,065	250	320	570	17	8	25
Average Age	11.7	14.8	13.2	11.6	16.4	14.3	12.5	20.0	14.9

TABLE 145. — *Average Admission Age, Average Present Age and Average School Residence of Patients Resident in State Schools, and Out on Visit, etc., on September 30, 1938, by School and Sex Cases in Residence*

STATE SCHOOLS	AVERAGE AGE AT ADMISSION			AVERAGE PRESENT AGE			AVERAGE LENGTH OF SCHOOL STAY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Belchertown . . .	14.8	18.3	16.8	23.1	26.3	25.0	8.3	8.0	8.2
W. E. Fernald . . .	12.0	15.2	13.3	25.4	28.4	26.6	13.4	13.2	13.3
Wrentham . . .	10.4	13.7	12.3	19.0	24.4	22.1	8.6	10.7	9.8
Total . . .	12.1	15.5	13.8	22.8	26.1	24.5	11.2	11.0	11.1

Cases Out of Institution

Belchertown . . .	17.9	23.4	21.5	28.9	33.9	32.2	11.0	10.5	10.7
W. E. Fernald . . .	13.1	18.5	16.3	23.4	35.4	30.6	10.3	16.9	14.3
Wrentham . . .	12.5	15.8	14.3	22.7	29.2	26.4	10.2	13.4	12.1
Total . . .	14.0	19.1	17.1	24.5	32.3	29.2	10.5	13.2	12.1

(See Tables 276 and 277 for detail)

The cases out of institutions represent those who are on visit or parole at the end of the year. The present age of these cases is 29.2 years, 24.5 years for the males and 32.3 years for the females. The males out of institutions are two years older and the females six years older than those resident within institutions. The present ages of patients out in the community are 32.2 years for Belchertown, 30.6 years for Fernald and 26.4 years for Wrentham. These cases placed out of institutions have been under the care of the three schools for 12.1 years, 10.5 years for the males and 13.2 years for the females. The cases placed out have remained on the books 14.3 years for the Fernald State School, 12.1 years for Wrentham and 10.7 years for Belchertown.

CLINICAL DIAGNOSES OF RESIDENT POPULATION, 1938, BY SCHOOL

Table 146 outlines the clinical classification of cases in residence at the three State schools on September 30, 1938. Taking the groups in numerical order we find that the undifferentiated demonstrate 47% at Wrentham, 40% at Fernald and 30% at Belchertown. The familial group is high at Belchertown with 49%; intermediate at Wrentham with 30%; and low at Fernald with 16%. In other forms we find that Fernald has the largest percentage in residence, 13%, and Wrentham and Belchertown show 1% each. In the cases of mongolism we find the largest percentage resident at Wrentham, 6%, with 5% at Fernald and 4% at Belchertown.

CLINICAL DIAGNOSES IN ADMISSIONS, DISCHARGES, DEATHS, 1938, AND IN THE RESIDENT POPULATION AND PATIENTS OUT ON SEPTEMBER 30, 1938

Table 147 presents the clinical diagnoses of admissions, discharges, deaths, resident population and patients out for the year 1938. It gives us an excellent opportunity to compare the trends in the various clinical groupings for the five different classes of patients mentioned. By inspection, we may determine the tendency of certain clinical groups to predominate in admissions, discharges, deaths or in the resident population. We note that cases of mongolism made up 9% of admissions, 2% of discharges, 28% of deaths and but 5% of the resident population. These findings show at a glance that few mongolians are discharged, many of them die, and few accumulate in the resident population. A similar situation is seen in the groups with developmental cranial anomalies, with congenital cerebral spastic infantile paralyzes, post-traumatic — natal, with epilepsy — idiopathic, and with endocrine disorders. In each of these groups high percentages among the deaths are observed. Certain groups are high in discharges. The familial group made up 22% of admissions, and showed an even higher proportion, 33%, of discharges. This clinical group, the group other forms, and to a lesser degree the group undifferentiated show this tendency to high proportions among the discharges.

TABLE 146. — *Clinical Diagnoses of Resident Population of State Schools on September 30, 1938, by School and Sex: Numbers and Percentages*

CLINICAL DIAGNOSES	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%
Familial	602	945	1,547	29.6	219	420	639	49.3	156	157	313	16.0
Mongolism	158	134	292	5.6	36	23	59	4.6	56	43	99	5.1
With developmental anomalies	81	64	145	2.8	17	6	23	1.8	38	24	62	3.2
With congenital cerebral spastic infantile paralysis	103	97	200	3.8	21	15	36	2.7	51	60	111	5.7
Post-infectious	129	117	246	4.7	35	51	76	5.8	76	48	124	6.3
Post-traumatic — natal	59	50	109	2.1	9	4	13	1.0	38	27	65	3.3
Post-traumatic — post-natal	11	16	27	.5	3	—	3	.2	3	8	11	.6
With epilepsy — symptomatic	5	16	21	.4	1	4	5	.4	2	2	4	.2
With epilepsy — idiopathic	44	50	94	1.8	16	11	27	2.1	20	28	48	2.5
With endocrine disorders	31	38	69	1.3	3	1	4	.3	17	28	45	2.3
With familial amaurosis	7	3	10	.2	—	2	2	.2	6	—	6	.2
With tuberculous sclerosis	3	—	3	.1	1	—	1	.1	—	—	—	—
With other organic nervous disease	12	10	22	.4	—	—	—	—	2	4	6	.2
Undifferentiated	1,142	988	2,130	40.8	183	207	390	30.1	550	248	798	40.8
Other forms	160	150	310	5.9	5	13	18	1.4	138	126	264	13.5
Total	2,547	2,678	5,225	100.0	549	747	1,296	100.0	1,153	803	1,956	100.0
									845	1,128	1,973	100.0

TABLE 147. — *Clinical Diagnoses in Admissions, Discharges and Deaths at State Schools, 1938, and in the Resident Population and Patients Out on Parole, etc., September 30, 1938: Percentages*

CLINICAL DIAGNOSES	PERCENTAGE DISTRIBUTION				
	Admis- sions	Dis- charges	Deaths	Cases in Resi- dence	Cases Out (Visit, Parole, etc.)
Familial	22.8	33.8	20.3	29.6	40.3
Mongolism	9.3	2.3	28.1	5.6	.8
With developmental cranial anomalies	4.6	.4	6.3	2.8	1.3
With congenital cerebral spastic infantile paralyses	4.3	3.0	4.7	3.8	1.5
Post-infectious	2.5	5.3	3.1	4.7	4.2
Post-traumatic — natal	1.1	1.5	3.1	2.1	1.5
Post-traumatic — post-natal	—	—	1.6	.5	.6
With epilepsy — symptomatic . . . . .	.4	.8	1.6	.4	—
With epilepsy — idiopathic . . . . .	.4	3.0	4.7	1.8	.6
With endocrine disorders	1.1	1.5	3.1	1.3	.2
With familial amaurosis	—	—	—	.2	—
With tuberous sclerosis	—	—	—	.1	—
With other organic nervous disease	1.1	—	—	.4	.4
Undifferentiated	51.1	43.0	20.3	40.8	46.1
Other forms	1.4	5.3	3.1	5.9	2.5
Total	100.0	100.0	100.0	100.0	100.0

(See Table 285 for detail)

Certain of the clinical diagnoses show a tendency toward retention within State schools. The familial, although showing a high proportion of discharges, 33%, also show a high proportion of cases in residence, 29%. In addition, they make up 40% of cases out of the institution on visit, parole, etc. The undifferentiated, making up 51% of admissions and 43% of discharges, also present a high proportion in the resident population, 40%, and an even higher percentage in the cases out on visit, parole, etc., 46%. The three clinical groups, familial, undifferentiated and other forms, make up 82% of the discharges and 89% of the cases out of State schools. Of outstanding interest here is the showing made by the familial group. Superficially, we would not expect the familial group, with its many supposed handicaps, to constitute such a large proportion of the discharges or cases returned to the community.

TABLE 148. — *Average Intelligence Quotient of Patients Resident in State Schools on September 30 1938, by Age at Admission and Sex*

AGE AT ADMISSION	NUMBER			AVERAGE INTELLIGENCE QUOTIENT		
	M.	F.	T.	M.	F.	T.
Under 5 years	190	152	342	.31	.29	.30
5-9 years	946	605	1,551	.38	.36	.37
10-14 years	808	717	1,525	.43	.45	.44
15-19 years	371	616	987	.46	.52	.49
20-24 years	112	264	376	.43	.50	.48
25-29 years	54	137	191	.38	.47	.44
30-34 years	22	86	108	.39	.45	.44
35-39 years	24	54	78	.37	.45	.42
40-44 years	9	24	33	.38	.43	.42
45-49 years	7	12	19	.33	.39	.37
50-54 years	2	9	11	.35	.28	.29
55-59 years	2	2	4	.30	.45	.37
60 years and over	—	—	—	—	—	—
Total	2,547	2,678	5,225	.41	.44	.42

INTELLIGENCE QUOTIENT OF PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1938, BY ADMISSION AGE

Table 148 shows that patients making up the resident population of State schools on September 30, 1938 had an average intelligence quotient of .42, .41 for the males and .44 for the females. Patients admitted between 15-19 years of age show the high average I.Q. of .49. Those admitted between the ages 20-24 years are second with an average

TABLE 149. — *Present Age of Resident Population in State Schools on September 30, 1938, by School: Percentages and Averages*

PRESENT AGE	ALL SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	1.5	.9	1.2	1.5	.3	.8	.1	—	.1	3.4	2.0	2.5
5-9 years	7.9	6.1	7.0	7.3	5.3	6.2	5.5	4.2	5.0	11.6	7.9	9.4
10-14 years	20.8	12.5	16.5	14.6	7.6	10.6	18.7	12.9	16.4	27.6	15.5	20.6
15-19 years	22.1	17.3	19.6	26.6	18.7	22.1	21.0	17.4	19.5	20.7	16.2	18.1
20-24 years	12.6	17.3	15.0	14.4	23.2	19.4	13.1	16.2	14.2	10.7	14.6	12.9
25-29 years	11.2	12.2	11.7	11.3	13.0	12.3	11.3	11.7	11.5	11.0	12.0	11.6
30-34 years	8.0	10.2	9.1	8.0	9.5	8.9	8.2	8.8	8.4	7.8	11.6	10.0
35-39 years	5.3	8.0	6.7	7.5	8.4	8.0	5.3	6.7	5.8	3.9	8.6	6.6
40-44 years	3.8	6.4	5.2	4.0	7.0	5.7	5.6	6.5	5.9	1.4	6.0	4.1
45-49 years	2.8	3.7	3.3	2.0	2.8	2.5	4.6	6.1	5.2	1.8	2.7	1.9
50-54 years	1.7	2.9	2.3	.7	2.1	1.5	3.1	4.9	3.8	.5	2.0	1.4
55-59 years	1.3	1.0	1.2	1.6	1.3	.8	1.9	2.4	2.1	.4	.5	.5
60-64 years . . . . .	.7	.9	.8	.5	1.1	.8	1.0	1.5	1.2	.2	.3	.3
65-69 years . . . . .	.3	.4	.3	—	.4	.2	.6	.7	.7	—	.1	.1
70 years and over	—	.2	.1	—	.3	.2	—	.4	.2	—	—	—
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average Present Age	22.8	26.1	24.5	23.1	26.3	25.0	25.4	28.4	26.6	19.0	24.4	22.1

(See Table 276 for detail)

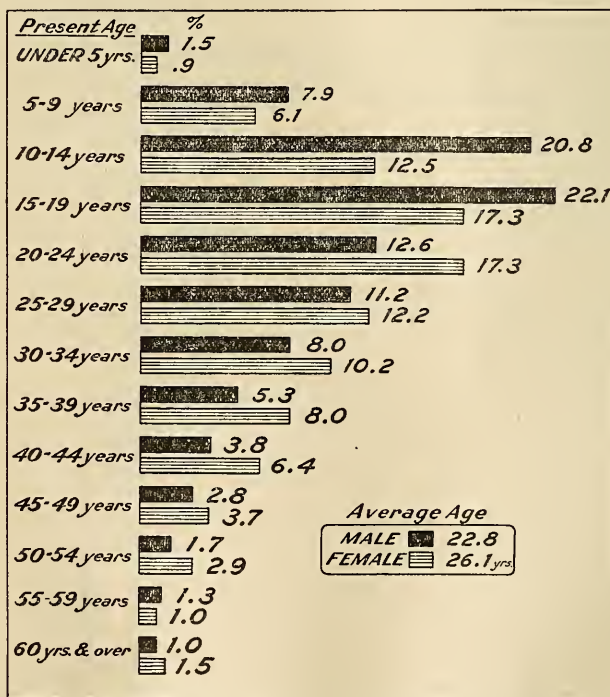
intelligence quotient of .48. Those admitted in the age groups 10-14, 25-29 and 30-34 years show an average intelligence quotient of .44 each. The low average intelligence quotients are seen in cases coming in at the extremes of our age distribution. Cases admitted under the age of 5 years show an average I.Q. of .30. Those admitted at 50-54 years show the lowest average intelligence quotient of all, .29.

PRESENT AGE OF PATIENTS IN RESIDENCE, 1938, BY SCHOOL

Table 149 and Graph 15 show the number and percentage distribution of present ages of all patients in residence in State schools on September 30, 1938, by sex. The age group presenting the highest percentage of resident cases is that of 15-19 years, with 19.6%. Next in order are the age group 10-14 years, with 16.5% and the 20-24 year group with 15.0%. We observe that 51% of patients in residence are between 10 and 24 years of age. The percentages decrease gradually to the oldest age group. Patients in residence 50 years of age or older comprise 4.7%.

The males predominate in the ages up to 20 years. However, in the age groups over 20 years, the females are decidedly in the majority, with the exception of the group 55-59 years. The males have 52.3% under the age of 20 years and 47.7% 20 years or older. The females have 36.8% under 20 years of age and 63.2% 20 years or older. These sex differences are revealed in the average present ages. The females (26.1 years) average 3.3 years higher than the males (22.8 years).

The Belchertown State School shows the low percentage of 39% in the resident population under 20 years of age. Fernald has 41% under 20, while Wrentham has 50%. All three schools show larger proportions of males in the younger ages, but this tendency is most marked at Wrentham.



GRAPH 15. — PRESENT AGE IN RESIDENT POPULATION OF STATE SCHOOLS, SEPTEMBER 30, 1938 BY SEX: PERCENTAGES

LENGTH OF SCHOOL STAY IN STATE SCHOOLS OF PATIENTS IN RESIDENCE, 1938, BY INTELLIGENCE QUOTIENT

Table 150 presents the length of school stay of patients in residence by intelligence quotient. In the totals the I.Q. group .50-.59 presents the largest number of cases

in residence, 1,015. The I.Q. group .40-.49 is second with 1,007 patients, the group .60-.69 third with 746 patients, the .30-.39 group fourth with 703, and the .20-.29 group fifth with 618. Eight hundred eighteen cases showed intelligence quotients between 0 and .19. These numbers, of course, do not represent the occurrence of these various intelligence quotient groupings in the community. We have a larger proportion of the existing cases of lower mental grade admitted to State schools than of those of the higher mental ratings. In addition, the patients of the lower mental ratings tend to be retained within institutions. In the sexes the males show the larger numbers of cases with I.Q.'s between 0 and .49. The females present larger numbers in the I.Q. groups from .50 on. These differences are reflected in the total average I.Q., that of the females, .44, being three points higher than that of the males, .41.

TABLE 150. — *Average Length of School Stay During This Admission of Patients Resident in State Schools on September 30, 1938, by Intelligence Quotient and Sex*

INTELLIGENCE QUOTIENT	NUMBER			AVERAGE LENGTH OF RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
0-.09	136	144	280	12.0	12.4	12.2
.10-.19	313	225	538	11.4	11.7	11.5
.20-.29	328	290	618	13.4	11.7	12.6
.30-.39	366	337	703	13.2	12.4	12.8
.40-.49	506	501	1,007	13.1	13.1	13.1
.50-.59	445	570	1,015	9.7	10.0	9.9
.60-.69	329	417	746	7.1	8.5	7.9
.70-.79	110	168	278	6.7	7.6	7.3
.80-.89	12	22	34	6.9	7.4	7.2
.90 and over	2	4	6	25.0	21.2	22.5
Total	2,547	2,678	5,225			
Average I.Q.	.41	.44	.42	11.2	11.0	11.1

(See Table 281 for detail)

In reference to the length of school residence we observe that the I.Q. group .40-.49 has remained longest in residence, 13.1 years. (The group .90 and over is excluded because of small numbers.) Next we find the I.Q. groups .30-.39 and .20-.29 with residences of 12.8 and 12.6 years, respectively. The groups from 0-.09 and from .10-.19 have been in residence an average of 12.2 and 11.5 years, respectively. In the .50-.59 I.Q. group there is a decided decrease in length of residence to 9.9 years, a still further decrease in the .60-.69 I.Q. group to 7.9 years, while the shortest length of residence is observed in the I.Q. group .70-.79 with 7.3 years. The two remaining groups contain very small numbers of cases of a highly specialized type. In the I.Q. groups 0-.09 and .10-.19 the females show a longer average school stay than the males. In the I.Q. groups .20-.29 and .30-.39 the males show the longer school residence. The average length of residence is the same for both sexes in the .40-.49 group, while the females show the longer residence in the remaining groups. The longer stay of females in these latter groups is much more marked than in the lower I.Q. groupings.

POPULATION OF PLACE OF RESIDENCE, PATIENTS WITHIN STATE SCHOOLS, 1938, BY MENTAL STATUS

Table 151 presents the population of place of residence of all cases within State schools on September 30, 1938 and the rates of admission per 100,000 of the same population groups, by mental status.

In the total rates we note that the villages, 0-2,499 population, show the highest rate of 183. The rates then gradually decrease from this high point to the low rate of 97 in the population group 50,000-99,999. The rates then rise to a second high point of 141 in the largest population units, 250,000 and over. Mental defectives making up the resident population of State schools show the highest incidence in the small and large communities with a lower occurrence in the intermediate cities.

The idiot group presents its high rate of 22 in the largest cities and the next highest rate of 19 in the villages (0-2,499). The imbeciles present the high rate in patients from the villages, 70, and the largest cities are next with a rate of 66. The morons present their high rate of 87 in the villages but show their next highest rate of 57 in the next

TABLE 151. — *Population of Place of Residence at Time of Admission, Patients Resident in State Schools on September 30, 1938, by Mental Status: Numbers and Rates per 100,000 of Same Population Units, 1930 Census.*

POPULATION UNITS	Population in Each Unit, 1930 Census	RESIDENT POPULATION IN STATE SCHOOLS									
		Total		Idiot		Imbecile		Moron		Not Mentally Defective	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
0-2,499	199,957	367	183.	39	19.	140	70.	175	87.	13	6.
2,500-9,999	544,976	724	132.	84	15.	302	55.	313	57.	25	4.
10,000-24,999	693,428	847	122.	112	16.	334	48.	387	55.	14	2.
25,000-49,999	576,467	565	98.	91	15.	259	44.	209	36.	9	1.
50,000-99,999	460,411	448	97.	78	16.	199	43.	166	36.	5	1.
100,000-249,999	993,187	1,152	115.	186	18.	460	46.	482	48.	24	2.
250,000 plus	781,188	1,102	141.	178	22.	521	66.	389	49.	17	2.
Unknown	—	17	—	3	—	6	—	7	—	1	—
Total	4,249,614	5,225	122.	771	18.	2,221	52.	2,128	50.	105	2.

(See Table 279 for detail)

(See Table 279 for detail)

TABLE 152. — *Average Intelligence Quotient of Patients Resident in State Schools, September 30, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER				AVERAGE INTELLIGENCE QUOTIENT			
	M.		F.		M.		F.	
	M.	F.	T.		M.	F.	T.	
With tuberculous sclerosis	3	—	3		.08	—	.08	
With epilepsy — idiopathic	44	50	94		.24	.23	.24	
Mongolism	158	134	292		.24	.26	.25	
With developmental cranial anomalies	81	64	145		.32	.24	.29	
With epilepsy — symptomatic	5	16	21		.19	.34	.30	
With congenital cerebral spastic infantile paralyzes	103	97	200		.32	.31	.32	
Post-traumatic — natal	59	50	109		.32	.32	.32	
With other organic nervous disease	12	10	22		.37	.33	.35	
With endocrine disorders	31	38	69		.41	.33	.37	
Post-traumatic — post-natal	11	16	27		.39	.41	.40	
Post-infectious	129	117	246		.42	.40	.41	
With familial amaurosis	7	3	10		.46	.31	.42	
Undifferentiated	1,142	988	2,130		.46	.45	.43	
Familial	602	945	1,547		.48	.51	.50	
Other forms.	160	150	310		.42	.41	.41	
Total	2,547	2,678	5,225		.41	.44	.42	

(See Table 278 for detail)

population group, the smaller towns. Their lowest rate of 36 occurs in the two groups 25,000-49,999 and 50,000-99,999 population. Viewing this table as a whole, the moron and not mentally defective groups tend to show higher rates in the villages and smaller communities. The imbeciles, show about the same rates for the villages as the larger cities. However, the idiots reverse this and tend to show higher proportions from the larger communities.

CLINICAL DIAGNOSES OF PATIENTS IN RESIDENCE IN STATE SCHOOLS, 1938,
BY INTELLIGENCE QUOTIENT

Table 152 shows the average intelligence quotient of patients resident in State schools, by clinical groupings. The undifferentiated group shows the largest proportion with 2,130 cases, 1,142 males and 988 females. The familial group is second with 1,547 cases, 602 males and 945 females; other forms third with 310 cases, 160 males and 150 females; and mongolism fourth with 292 cases, 158 males and 134 females.

The average intelligence quotient of all resident cases is .42, .41 for the males and .44 for the females. This is intermediate between the average intelligence quotient of .56 for the discharges and .23 for cases dying during the year. The familial group shows the highest I.Q. of .50. The undifferentiated group is second with an average I.Q. of .43. The group with familial amaurosis is third with an average I. Q. of .42. The lower average intelligence quotients are noted in the groups with tuberous sclerosis, .08; with epilepsy — idiopathic, .24; and mongolism, .25. In nine of the clinical groups the males present higher average intelligence than the females.

ADMISSION AGES AND PRESENT AGES OF PATIENTS IN RESIDENCE IN STATE SCHOOLS,
1938, BY CLINICAL DIAGNOSES

Table 153 gives the average admission age and the average present age of patients in residence in State schools by clinical diagnoses. The resident population presents an average present age of 24.5 years, 22.8 years for the males and 26.1 years for the females. These same cases at the time of admission averaged 13.8 years, with an average of 12.1 years for the males and 15.5 years for the females. The highest average present age is seen in the group other forms, 32.0 years. These cases were 15.9 years of age at the time of admission. The group with epilepsy — symptomatic has a present age of 31.9 years but averaged 16.1 years at the time of admission. The group familial amaurosis has a present age of 30.1 years. The admission age of this group was 12.1 years. The lowest average present age is seen in other organic nervous disease, 15.2 years. These cases averaged 11.2 years of age at the time of admission. In the majority of the clinical groups the females show a higher present age. However, in the groups developmental cranial anomalies, familial amaurosis, and tuberous sclerosis, the males show a higher present age.

TABLE 153. — *Average Admission Age and Average Present Age of Patients Resident in State Schools on September 30, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	AVERAGE ADMISSION AGE			AVERAGE PRESENT AGE		
	M.	F.	T.	M.	F.	T.
Familial	11.8	16.2	14.5	20.9	26.7	24.4
Mongolism	9.5	10.4	9.9	15.8	16.8	16.3
With developmental cranial anomalies	10.6	8.6	9.7	20.0	17.2	18.8
With congenital cerebral spastic infantile paralyses	11.7	13.3	12.5	24.5	25.7	25.1
Post-infectious	11.7	13.9	12.8	23.1	25.9	24.4
Post-traumatic — natal	10.4	14.0	12.0	19.8	24.1	21.7
Post-traumatic — post-natal	12.6	13.8	13.3	18.9	35.9	29.0
With epilepsy — symptomatic	9.7	18.1	16.1	31.3	32.0	31.9
With epilepsy — idiopathic	12.0	14.6	13.4	25.2	29.5	27.5
With endocrine disorders	12.5	13.2	12.9	23.7	24.0	23.9
With familial amaurosis	12.5	11.1	12.1	35.0	18.8	30.1
With tuberous sclerosis	9.1	—	9.1	18.3	—	18.3
With other organic nervous disease	9.1	13.8	11.2	12.2	18.7	15.2
Undifferentiated	12.6	16.1	14.2	24.0	26.6	25.2
Other forms	14.3	17.6	15.9	30.3	33.9	32.0
Total	12.1	15.5	13.8	22.8	26.1	24.5

LENGTH OF SCHOOL STAY DURING THIS ADMISSION, PATIENTS RESIDENT IN STATE
SCHOOLS, 1938, BY CLINICAL DIAGNOSES

Table 154 presents the average length of stay during this admission of all patients in residence in State schools by clinical diagnoses. The groups familial amaurosis, 18.4 years; epilepsy — symptomatic, 17.1 years; and other forms, 16.1 years, show the longest periods of school residence. The shorter periods of school residence are viewed in the groups organic nervous disease, 4.6 years; mongolism, 6.8 years; and developmental cranial anomalies, 9.1 years. It will be noted that the males show a longer net residence than the females in but six of the fifteen clinical groupings.

TABLE 154. — *Average Net Residence During This Admission of Patients Resident in State Schools on September 30, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	NUMBER			AVERAGE NET RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Familial	602	945	1,547	9.8	10.5	10.3
Mongolism	158	134	292	6.7	7.0	6.8
With developmental cranial anomalies	81	64	145	9.8	8.2	9.1
With congenital cerebral spastic infantile par- alyses	103	97	200	12.9	12.9	12.9
Post-infectious	129	117	246	11.3	12.6	11.9
Post-traumatic — natal	59	50	109	10.6	11.1	10.8
Post-traumatic — post-natal	11	16	27	6.7	21.4	15.4
With epilepsy — symptomatic	5	16	21	23.2	15.1	17.1
With epilepsy — idiopathic	44	50	94	12.2	14.8	13.6
With endocrine disorders	31	38	69	11.1	10.1	10.6
With familial amaurosis	7	3	10	22.7	8.1	18.4
With tuberous sclerosis	3	—	3	9.8	—	9.8
With other organic nervous disease	12	10	22	3.4	6.0	4.6
Undifferentiated	1,142	988	2,130	11.8	10.6	11.3
Other forms	160	150	310	16.0	16.1	16.1
Total	2,547	2,678	5,225	11.2	11.0	11.1

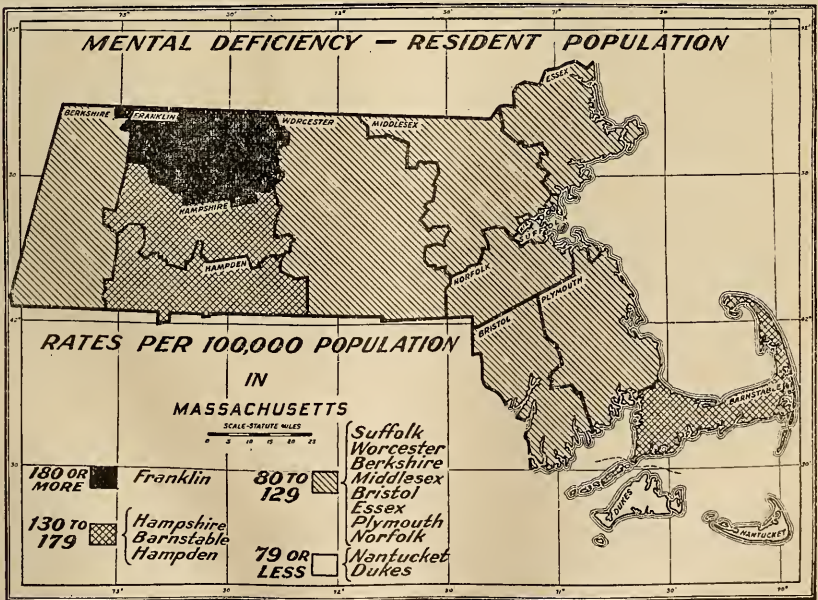
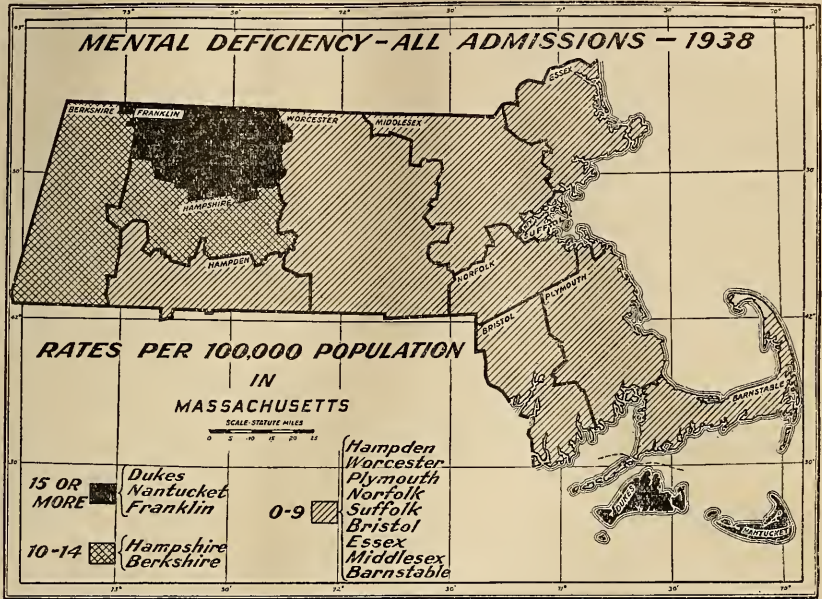
(See Table 280 for detail)

COUNTY OF RESIDENCE AT TIME OF ADMISSION OF PATIENTS WITHIN STATE
SCHOOLS ON SEPTEMBER 30, 1938, AND OF ADMISSIONS, 1938: RATES PER
100,000 OF STATE POPULATION

Table 155 and Graph 16 give the county of residence for all admissions during 1938 and also for all cases in residence on September 30, 1938. The first section of this table gives the counties of residence of all cases in residence in State schools on September 30, 1938, and also presents the rates per 100,000 of the population of these counties as of the 1938 estimated population for each county. The counties having the highest proportionate representation in our State schools are as follows: Franklin, with 219 persons in residence in State schools per 100,000 of the population of the county; Hampshire, 177; Barnstable, 145; Hampden, 133; and Suffolk, 128. Counties presenting the lowest rates for patients in residence in State schools are: Dukes, 32; Nantucket, 59; Norfolk, 91; and Plymouth, 96. The rate for the entire State is 118 persons in residence in State schools per 100,000 of the estimated population of the State for 1938. Here we observe the tendency for patients from certain counties to be retained in the resident population.

In the second section of this table we have calculated rates for the number of persons admitted to the State schools during 1938 per 100,000 population of the same county of residence. Dukes, Nantucket and Franklin Counties show the highest rates with 32, 29 and 15 persons, respectively, admitted to State schools during 1938 per 100,000 of the population of these counties. Next in order are Berkshire and Hampshire each with a rate of 14. The rate of admission for all counties combined is 6. This rate cannot be taken as typical of the incidence of mental deficiency or the rate at which mental defectives are coming to the attention of the authorities. This indicates simply the number of cases of the greatest urgency that could be admitted to the institutions during the last statistical year.

Graph 16 presents the patients admitted during 1938 and those resident in State schools on September 30, 1938, outlined in rates per 100,000 of the population of the same county. This displays graphically the counties having the largest representations admitted to and resident within our State schools.



GRAPH 16. — COUNTY OF RESIDENCE AT TIME OF ADMISSION, ALL ADMISSIONS, 1938, AND RESIDENT POPULATION IN STATE SCHOOLS ON SEPTEMBER 30, 1938: RATES PER HUNDRED THOUSAND POPULATION

TABLE 155. — *County of Residence of Admissions, 1938, and Resident Population of State Schools, September 30, 1938: Rates per 100,000 of Corresponding Counties, State Population, 1938*

COUNTIES	CASES IN RESIDENCE SEPTEMBER 30, 1938			RATE PER 100,000 POPULATION OF SAME COUNTY ¹	CASES ADMITTED DURING YEAR ²			RATE PER 100,000 POPULATION OF SAME COUNTY ¹
	M.	F.	T.		M.	F.	T.	
Franklin	52	62	114	219.	4	4	8	15.
Hampshire	47	86	133	177.	8	3	11	14.
Barnstable	22	35	57	145.	—	1	1	2.
Hampden	234	211	445	133.	15	16	31	9.
Suffolk	584	615	1,199	128.	16	34	50	5.
Worcester	308	326	634	127.	20	23	43	8.
Berkshire	62	88	150	123.	7	10	17	14.
Middlesex	561	547	1,108	113.	22	20	42	4.
Bristol	196	194	390	106.	13	9	22	5.
Essex	260	247	507	99.	10	14	24	4.
Plymouth	65	97	162	96.	9	2	11	6.
Norfolk	146	159	305	91.	8	9	17	5.
Nantucket	—	2	2	59.	—	1	1	29.
Dukes	1	1	2	32.	2	—	2	32.
Non-residents	9	8	17	—	—	—	—	—
Total	2,547	2,678	5,225	118.	134	146	280	6.

(See Table 287 for detail)

¹ Population of each county estimated for 1938.

² Does not include transfers.

Epilepsy — Non-Psychotic

Section L. General Discussion of Non-Psychotic Epileptic Patients Under Care at the Monson State Hospital, 1938

For many years the statistics of the Monson State Hospital have been unsatisfactory, owing to the inevitable mixture of epileptics with psychoses and patients who have epilepsy without an accompanying mental disorder. Some time ago the section on convulsive disorders of the American Psychiatric Association prepared a separate clinical classification for epileptics without mental disorder. Other states used this clinical classification and it was deemed advisable that Massachusetts should conform to this procedure so that comparable statistics might be available. As a consequence, from 1937 on the statistics for the Monson State Hospital are divided into two sections. The first section is based on the psychiatric classification and presents data on the epileptic psychoses using the regular standard tables of the American Psychiatric Association. These data were included in the regular statistics of mental hospitals as reported in a preceding section, the Statistical Review of Mental Disorders. A second section is based upon the clinical classification of convulsive disorders, non-psychotic. These tables are presented in the following section which is devoted to a statistical review of the epilepsies "without mental disorder".

PATIENTS UNDER CARE, SEPTEMBER 30, 1938

Table 156 shows that at the end of the statistical year there were 1,061 patients on the books of the Monson State Hospital falling in the category of non-psychotic epileptics, 528 males and 533 females. Within the institution were a total of 995 patients, 489 males and 506 females.

TABLE 156. — *Epileptics (Non-Psychotic) Under Care at the Monson State Hospital on September 30, 1938, by Sex*

	M.	NUMBER F.	T.
In Institution	489	506	995
On Visit, etc.	39	27	66
Total	528	533	1,061

Section M. Admissions of Non-Psychotic Epileptic Patients, 1938

CLINICAL CLASSIFICATION OF NON-PSYCHOTIC EPILEPTIC PATIENTS IN FIRST ADMISSIONS, 1938

Table 157 demonstrates that the largest percentage of first admissions fell in the group, symptomatic — due to brain disease, a total of 61%. The idiopathic group is second with 26%, followed by the symptomatic, toxicaemic-endogenous with 12%. The males predominate in the symptomatic — endogenous group and in the symptomatic — due to brain disease. The females present larger proportions in the idiopathic group.

TABLE 157. — *Clinical Classification of First Admissions of Epileptics (Non-Psychotic), 1938, by Sex*

EPILEPTIC GROUPS	NUMBER			PER CENT		
	M.	F.	T.	M.	F.	T.
Symptomatic:						
Toxaemic:						
Exogenous	—	—	—	—	—	—
Endogenous	6	3	9	13.3	10.0	12.0
Due to brain disease	31	15	46	68.9	50.0	61.3
Idiopathic	8	12	20	17.8	40.0	26.7
Total	45	30	75	100.0	100.0	100.0

NATIVITY OF FIRST ADMISSIONS OF NON-PSYCHOTIC EPILEPTIC PATIENTS, 1938

Table 158 shows that all of the 75 first admissions were native born, a rate of 4 per 100,000 of the population under 25 years of age. The native born of native and mixed parentage show this same rate of 4 while those of foreign parentage show a lower rate of 3.

TABLE 158. — *Nativity and Parentage of First Admissions, of Epileptics (Non-Psychotic), 1938: Rates per 100,000 of Same Nativity Groups under 24 Years of Age (1930 Census)*

NATIVITY	NUMBER	RATE
Foreign Born.	—	—
Native Born:	75	4.
Foreign Parentage	27	3.
Mixed Parentage	14	4.
Native Parentage	33	4.
Unknown Parentage	1	—
Total	75	4.

AGE OF FIRST ADMISSIONS OF NON-PSYCHOTIC EPILEPTIC PATIENTS, 1938

Table 159 compares the ages of first admissions with epilepsy with corresponding age groups in the general population. The males, with a rate of 2 per 100,000, show a higher admission rate than the females — 1. Within the individual age groups the groups under 15 years are admitting the largest proportion of cases, a rate of 4 per 100,000. In the 15-19 age group there is a drop to 2 per 100,000 and this rate drops even lower in the older age groups. For the ages under 15 years the rates for the females are lower than those for the males. In the ages from 15 to 30 the rates are the same for both sexes.

TABLE 159. — *Age of First Admissions of Epileptics (Non-Psychotic), 1938, by Sex: Rate per 100,000 of Corresponding Population, (1930 Census)*

AGE GROUP	NUMBER			RATE		
	M.	F.	T.	M.	F.	T.
Under 5 years	10	5	15	5.	2.	4.
5-9 years	13	4	17	6.	2.	4.
10-14 years	11	5	16	5.	2.	4.
15-19 years	5	5	10	2.	2.	2.
20-24 years	2	3	5	1.	1.	1.
25-29 years	2	2	4	1.	1.	1.
30-34 years	—	2	2	—	1.	1.
35-39 years	1	—	1	.6	—	.2
40-44 years	1	1	2	.6	.6	.6
45-49 years	—	1	1	—	.7	.3
50-54 years	—	1	1	—	.8	.4
55-59 years	—	—	—	—	—	—
60 years and over	—	1	1	—	1.	.8
Total	45	30	75	2.	1.	1.

(See Table 166 for detail)

Section N. Discharges to the Community of Non-Psychotic Epileptic Patients, 1938

CONDITION ON DISCHARGE OF PATIENTS RETURNED TO THE COMMUNITY, 1938, BY DIAGNOSIS

Table 160 shows that of the 42 patients returned to the community during 1938, 41 were unimproved and only one improved. A division by diagnosis places 1 patient in the toxæmic-exogenous group, 7 patients in the toxæmic-endogenous group, 6 in the classification due to brain disease and 28 in the idiopathic group.

LENGTH OF HOSPITAL STAY DURING THE PRESENT ADMISSION OF NON-PSYCHOTIC EPILEPTIC PATIENTS DISCHARGED DURING 1938

Table 161 shows the length of hospital stay during the present admission of the patients returned to the community during 1938. The 29 first admissions discharged had an average institution life of 1.8 years. The 13 readmissions discharged stayed an average of 3.5 years during their most recent admission, twice as long as the first admissions. Twenty-seven percent of the first admissions were in the hospital 4 to 7 months and 65% stayed less than a year. Of the readmissions, 68% stayed for two years or more.

Section O. Deaths of Non-Psychotic Epileptic Patients, 1938

During 1938 there was a total of 26 deaths among the non-psychotic epileptic patients, a decrease of 50% from the 53 deaths during 1937.

DURATION OF HOSPITAL LIFE OF NON-PSYCHOTIC EPILEPTIC PATIENTS DYING, 1937 AND 1938

Table 162 shows that the total duration of institutional life of patients dying during 1938 was 9.1 years. This was somewhat longer than the same average of 7.8 for the year 1937. In 1938 a total of 5 deaths, or 19% of the total, occurred within one year. In 1937, 37% of the total died after a hospital stay of under one year. In 1938, 3 patients, or 11% of the deaths and in 1937, 9 patients, or 16%, had spent 20 years or more of their lives within institutions.

TABLE 162. — *Total Duration of Institutional Life during All Admissions of Epileptics (Non-Psychotic) Who Died in 1937 and 1938: Percentage Distribution*

DURATION OF INSTITUTIONAL LIFE	1938		1937	
	NUMBER	PERCENT	NUMBER	PERCENT
Less than 1 month	1	3.8	6	11.3
1-3 months	2	7.7	6	11.3
4-7 months	1	3.8	6	11.3
8-11 months	1	3.8	2	3.7
1-2 years	4	15.4	4	7.5
3-4 years	1	3.8	4	7.5
5-6 years	2	7.7	4	7.5
7-8 years	—	—	2	3.7
9-10 years	5	19.2	2	3.7
11-12 years	2	7.7	2	3.7
13-14 years	—	—	3	5.6
15-19 years	4	15.4	3	5.6
20 years and over	3	11.5	9	16.9
Total	26	100.0	53	100.0
Average Length of Residence	9.17		7.84	

(See Table 173 for detail)

CAUSES OF DEATH IN NON-PSYCHOTIC EPILEPTIC PATIENTS DYING, 1937 AND 1938

In Table 163 epilepsy is given as a cause of death in 38% of patients dying during 1938. Bronchopneumonia and other respiratory diseases are very high, being the cause in 34% of deaths. Other external causes account for 7% of deaths. In the preceding year, 1937, epilepsy was responsible for 50% of deaths and bronchopneumonia and other respiratory diseases for 28%. Excluding epilepsy as a cause of death, diseases of the respiratory system of one type or another are prominent in the causes of death among the epileptics.

TABLE 163. — *Causes of Death in Epileptic (Non-Psychotic) Dying in 1937 and 1938*

CAUSES OF DEATH	1938		1937	
	NUMBER	PERCENT	NUMBER	PERCENT
Tuberculosis of the respiratory system	1	3.8	2	3.7
Epilepsy	10	38.5	27	50.9
Gangrene	1	3.8	—	—
Bronchopneumonia and other respiratory diseases	9	34.6	15	28.3
Lobar pneumonia	1	3.8	—	—
Other diseases of the stomach	1	3.8	1	1.8
Chronic nephritis	1	3.8	—	—
Other external causes	2	7.7	1	1.8
Erysipelas	—	—	1	1.8
Other infectious diseases	—	—	1	1.8
Diseases of the organs of special sense (eye, ear and mastoid)	—	—	1	1.8
Chronic endocarditis	—	—	1	1.8
Other diseases of the heart	—	—	1	1.8
Congenital malformation	—	—	2	3.7
Total	26	100.0	53	100.0

(See Table 171 for detail)

Section P. Non-Psychotic Epileptic Patients in Residence in the Monson State Hospital on September 30, 1938

On September 30, 1938, there were 683 first admissions classified as non-psychotic epileptics resident at the Monson State Hospital, 345 males and 338 females. Readmissions in residence totaled 312 patients, 144 males and 168 females.

LENGTH OF HOSPITAL STAY DURING THE PRESENT ADMISSION OF ALL NON-PSYCHOTIC EPILEPTIC PATIENTS IN RESIDENCE, SEPTEMBER 30, 1938, BY DIAGNOSIS

Table 164 shows that of the 683 first admissions in residence, 1 was diagnosed as toxæmic-exogenous, 167 were toxæmic-endogenous, 232 symptomatic—due to brain disease, and 283 idiopathic. The males predominate in the cases due to brain disease, while the females present a higher number in the idiopathic group. In the readmissions in residence, 4 were diagnosed as toxæmic-exogenous, 88 as toxæmic-endogenous, and 58 as due to brain disease. One hundred sixty-two placed in the idiopathic group.

TABLE 164. — *Average Length of Hospital Residence during the Present Admission of All Non-Psychotic Epileptic First Admissions and Readmissions in Residence on September 30, 1938, by Sex*
First Admissions

EPILEPTIC GROUPS	NUMBER			AVERAGE NET HOSPITAL RESIDENCE IN YEARS		
	M.	F.	T.	M.	F.	T.
Symptomatic:						
Toxaemic:						
Exogenous	1	—	1	7.5	—	7.5
Endogenous	83	84	167	10.0	10.1	10.0
Due to brain disease	127	105	232	4.9	6.3	5.5
Idiopathic	134	149	283	8.4	11.1	9.9
Total	345	338	683	7.5	9.4	8.4
<i>Readmissions</i>						
Symptomatic:						
Toxaemic:						
Exogenous	4	—	4	5.0	—	5.0
Endogenous	44	44	88	13.7	12.1	12.9
Due to brain disease	31	27	58	10.8	7.0	9.0
Idiopathic	65	97	162	11.7	12.8	12.3
Total	144	168	312	11.9	11.7	11.8

The first admissions in residence had remained in hospital a total of 8.4 years at the end of 1938, an average of 7.5 years for the males and 9.4 years for the females. The toxæmic-endogenous group had remained the longest with an average of 10.0 years, and the group due to brain disease the shortest time with 5.5 years.

The readmissions in residence had remained an average of 11.8 years, 11.9 years for the males and 11.7 years for the females. In readmissions, also, the toxæmic-endogenous group had remained longest, an average of 12.9 years. The toxæmic-exogenous had remained the shortest time, 5.0 years.

TABLE 165. — *Movement of Population, of Epileptics (Non-Psychotic), for the Year Ended September 30, 1938, by Sex*

	TOTAL			REGULAR COURT COMMITMENT			VOLUNTARY		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books of institution September 30, 1937	514	517	1,031	180	197	377	334	320	654
Admissions during year:									
First admissions	45	30	75	5	8	13	40	22	62
Readmissions	8	11	19	5	5	10	3	6	9
Total admissions	53	41	94	10	13	23	43	28	71
Transfers from other mental hospitals	—	—	—	—	—	—	—	—	—
Total received during year	53	41	94	10	13	23	43	28	71
Total on books during year	567	558	1,125	190	210	400	377	348	725
Discharged from books during year:									
As recovered	—	—	—	—	—	—	—	—	—
As improved	—	1	1	—	1	1	—	—	—
As unimproved	27	14	41	7	3	10	20	11	31
As without psychosis	—	—	—	—	—	—	—	—	—
Total discharged to community	27	15	42	7	4	11	20	11	31
Transferred to other mental hospitals	1	—	1	1	—	1	—	—	—
Died during year	16	10	26	2	3	5	14	7	21
Total discharged, transferred and died during year	44	25	69	10	7	17	34	18	52
Patients remaining on books of hospital at end of year:									
In hospital	489	506	995	171	195	366	318	311	629
On parole or otherwise absent	39	27	66	10	8	18	29	19	48
Total	528	533	1,061	181	203	384	347	330	677

Note: During the year five males were changed from the psychiatric classification to the epileptic classification.

TABLE 166. — *Age of First Admissions, of Epileptics (Non-Psychotic), 1938, by Diagnoses and Sex*

AGE GROUPS	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous			M. F. T.					
	M. F. T.	M. F. T.	M. F. T.												
Under 5 years	10	5	15	—	—	—	—	—	—	9	5	14	1	—	1
5-9 years	13	4	17	—	—	—	3	—	3	8	4	12	2	—	2
10-14 years	11	5	16	—	—	—	2	—	2	8	5	13	1	—	1
15-19 years	5	5	10	—	—	—	1	1	2	3	—	3	1	4	5
20-24 years	2	3	5	—	—	—	—	1	1	2	—	2	—	2	2
25-29 years	2	2	4	—	—	—	—	1	1	—	—	—	2	1	3
30-34 years	—	2	2	—	—	—	—	—	—	—	—	—	—	2	2
35-39 years	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
40-44 years	1	1	2	—	—	—	—	—	—	—	—	—	1	1	2
45-49 years	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
50-54 years	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
55-59 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60 years and over	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Total	45	30	75	—	—	—	6	3	9	31	15	46	8	12	20

TABLE 167. — *Degree of Education of First Admissions, of Epileptics (Non-Psychotic), 1938, by Sex*

DEGREE OF EDUCATION	PATIENTS 16 YEARS AND UNDER			DEGREE OF EDUCATION	PATIENTS 17 YEARS AND OVER		
	M.	F.	T.		M.	F.	T.
Less than first grade	27	11	38	Illiterate	1	1	2
First grade	3	1	4	Reads only	1	—	1
Second grade	2	—	2	Reads and writes	4	2	6
Third grade	1	2	3	Common school	4	8	12
Fourth grade	—	1	1	High school	—	2	2
Fifth grade	2	1	3	College	—	—	—
Sixth or higher	—	1	1	Unknown	—	—	—
Total	35	17	52	Total	10	13	23

TABLE 168. — *Population of Place of Residence of First Admissions of Epileptics (Non-Psychotic), 1938, by Sex*

POPULATION	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
	Exogenous			Endogenous											
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
0— 2,499	6	—	6	—	—	—	1	—	1	4	—	4	1	—	1
2,500— 9,999	6	5	11	—	—	—	1	3	4	4	2	6	1	—	1
10,000— 24,999	8	6	14	—	—	—	1	—	1	5	3	8	2	3	5
25,000— 49,999	7	3	10	—	—	—	—	—	—	6	1	7	1	2	3
50,000— 99,999	3	2	5	—	—	—	—	—	—	3	1	4	—	1	1
100,000—249,999	8	7	15	—	—	—	1	—	1	5	3	8	2	4	6
250,000—499,999	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500,000 plus	7	7	14	—	—	—	2	—	2	4	5	9	1	2	3
Total	45	30	75	—	—	—	6	3	9	31	15	46	8	12	20

TABLE 169. — *Economic Condition of First Admissions, of Epileptics (Non-Psychotic), 1938, by Sex*

ECONOMIC CONDITION	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
	Exogenous			Endogenous											
M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.								
Dependent	21	12	33	—	—	—	4	2	6	10	2	12	7	8	15
Marginal	21	17	38	—	—	—	2	1	3	18	13	31	1	3	4
Comfortable	3	1	4	—	—	—	—	—	—	3	—	3	—	1	1
Total	45	30	75	—	—	—	6	3	9	31	15	46	8	12	20

TABLE 171. — *Causes of Death in Epileptics (Non-Psychotic) Dying, 1938, by Diagnoses and Sex*

CAUSES OF DEATH	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Tuberculosis of the respiratory system	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
Epilepsy	9	1	10	—	—	—	3	—	3	3	—	3	3	1	4
Gangrene	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
Bronchopneumonia	4	3	7	—	—	—	2	—	2	2	1	3	—	2	2
Lobar pneumonia	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Other diseases of the respiratory system	—	2	2	—	—	—	—	—	—	—	1	1	—	1	1
Other diseases of the stomach	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
Chronic nephritis	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
Other external causes	1	1	2	—	—	—	—	—	—	1	—	1	—	1	1
Total	16	10	26	—	—	—	5	—	5	7	4	11	4	6	10

TABLE 172. — *Age of Epileptics (Non-Psychotic) at Time of Death, 1938, by Diagnoses and Sex*

AGE GROUPS	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
	Exogenous			Endogenous											
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Under 5 years	3	—	3	—	—	—	—	—	—	3	—	3	—	—	—
5— 9 years	1	2	3	—	—	—	—	—	—	1	2	3	—	—	—
10—14 years	3	1	4	—	—	—	2	—	2	—	1	1	1	—	1
15—19 years	1	1	2	—	—	—	1	—	1	—	—	—	—	1	1
20—24 years	5	2	7	—	—	—	2	—	2	1	1	2	2	1	3
25—29 years	2	1	3	—	—	—	—	—	—	2	—	2	—	1	1
30—34 years	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
35—39 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
40—44 years	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
45—49 years	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
50—54 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55—59 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60—64 years	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1
65—69 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
70 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	16	10	26	—	—	—	5	—	5	7	4	11	4	6	10

TABLE 173. — *Total Net Duration of Hospital Life During All Admissions of Epileptics (Non-Psychotic) Dying, 1938, by Diagnoses and Sex*

DURATION OF INSTITUTIONAL LIFE	TOTAL			SYMPTOMATIC									IDIOPATHIC		
				TOXAEMIC						DUE TO BRAIN DISEASE					
				Exogenous			Endogenous								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Less than 1 month	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
1- 3 months	2	-	2	-	-	-	-	-	-	2	-	2	-	-	-
4- 7 months	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-
8-11 months	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
1- 2 years	3	1	4	-	-	-	1	-	1	2	1	3	-	-	-
3- 4 years	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-
5- 6 years	2	-	2	-	-	-	1	-	1	-	-	-	1	-	1
7- 8 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9-10 years	4	1	5	-	-	-	1	-	1	-	-	-	3	1	4
11-12 years	2	-	2	-	-	-	1	-	1	1	-	1	-	-	-
13-14 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15-19 years	2	2	4	-	-	-	1	-	1	1	1	2	-	1	1
20 years and over	-	3	3	-	-	-	-	-	-	-	-	-	-	3	3
Total	16	10	26	-	-	-	5	-	5	7	4	11	4	6	10

APPENDIX

Detailed Tables

A. Mental Disorders (Tables 174-252)

B. Mental Deficiency (Tables 253-287)

TABLE 174. — *General Statistics of Massachusetts Hospitals for Mental Disorders for the Year Ended September 30, 1938*

	ALL HOSPITALS			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1937	14,062	13,495	27,557	1,151	1,521	2,672	67	41	108	1,223	1,442	2,665
<i>Cases Admitted during Year</i>												
Regular Commitment Cases:												
First Admissions	1,677	1,511	3,188	255	233	488	50	39	89	240	241	481
Readmissions	775	663	1,438	95	100	195	16	12	28	101	97	198
Total	2,452	2,174	4,626	350	333	683	66	51	117	341	338	679
Temporary Care Cases:												
First Admissions	887	740	1,627	52	52	104	662	612	1,274	71	31	102
Readmissions	324	252	576	18	22	40	238	217	455	29	6	35
Total	1,211	992	2,203	70	74	144	900	829	1,729	100	37	137
Observation Cases:												
First Admissions	513	198	711	46	13	59	170	47	217	50	38	88
Readmissions	150	75	225	22	8	30	49	33	82	14	9	23
Total	663	273	936	68	21	89	219	80	299	64	47	111
Voluntary Cases:												
First Admissions	133	78	211	—	—	—	16	10	26	5	—	5
Readmissions	72	46	118	3	4	7	4	6	10	7	2	9
Total	205	124	329	3	4	7	20	16	36	12	2	14
Total cases admitted by transfer	495	248	743	11	12	23	2	2	4	9	14	23
Total cases admitted	5,026	3,811	8,837	502	444	946	1,207	978	2,185	526	438	964
Total cases under treatment	19,088	17,306	36,394	1,653	1,965	3,618	1,274	1,019	2,293	1,749	1,880	3,629
<i>Cases Discharged During Year</i>												
Regular Commitment Cases:												
As recovered	344	255	599	83	93	176	—	—	—	8	2	10
As improved	726	744	1,470	79	105	184	17	10	27	122	153	275
As unimproved	139	115	254	25	31	56	2	2	4	7	3	10
As not insane	35	18	53	5	8	13	—	—	—	3	1	4
Died	782	775	1,557	116	116	232	5	4	9	114	126	240
Total	2,026	1,907	3,933	308	353	661	24	16	40	254	285	539
Temporary Care Cases:												
As recovered	80	16	96	5	6	11	1	4	5	36	—	36
As improved	343	262	605	15	9	24	305	237	542	—	9	13
As unimproved	524	559	1,083	26	37	63	468	496	964	8	8	16
As not insane	214	131	345	17	20	37	114	82	196	40	16	56
Died	53	15	68	7	1	8	13	3	16	15	5	20
Total	1,214	983	2,197	70	73	143	901	822	1,723	103	38	141
Observation Cases:												
As recovered	113	48	161	3	1	4	—	—	—	16	7	23
As improved	58	49	107	2	6	8	38	13	51	6	18	24
As unimproved	86	51	137	7	7	14	72	44	116	—	2	2
As not insane	361	94	455	52	11	63	110	26	136	42	18	60

Died	39	37	76	—	1	1	—	—	—	—	8	8	53	125
Total	657	279	936	64	21	85	220	83	303	72	53	125		
Voluntary Care Cases:														
As recovered	12	8	20	1	1	2	—	1	1	—	—	—	—	—
As improved	54	42	96	—	1	1	15	5	20	—	—	—	—	—
As unimproved	52	26	78	—	1	1	—	2	2	—	—	—	—	—
As not insane	63	11	74	2	—	2	5	3	8	7	2	9	—	—
Died	31	14	45	—	—	—	—	—	—	—	—	—	—	—
Total	212	101	313	3	3	6	20	11	31	7	2	9	—	—
Total cases discharged by transfer	510	246	756	34	36	70	405	35	75	84	30	114	—	—
Total cases discharged during year	4,619	3,516	8,135	479	486	965	1,205	967	2,172	520	408	928	—	—
Patients on books September 30, 1938														
Regular commitment cases	13,852	13,172	27,024	1,166	1,475	2,641	38	25	63	1,221	1,471	2,692	—	—
Temporary care cases	24	24	48	1	2	3	19	20	39	—	—	—	—	—
Observation cases	60	13	73	7	1	8	8	1	9	2	—	2	—	—
Voluntary cases	533	581	1,114	—	1	1	4	6	10	6	1	7	—	—
Total on books	14,469	13,790	28,259	1,174	1,479	2,653	69	52	121	1,229	1,472	2,701	—	—
Total number of patients actually in hospitals														
September 30, 1938	13,243	12,225	25,468	1,045	1,341	2,386	37	40	77	1,105	1,247	2,352	—	—
Averages														
Daily average population (including patients on escape, on visit and in family care)	14,403.26	13,630.68	28,033.94	1,173.58	1,525.33	2,698.91	64.39	47.20	111.59	1,373.45	1,451.63	2,825.08	—	—
Daily average population (excluding patients on escape, on visit and in family care)	13,021.34	12,096.42	25,117.76	1,058.08	1,363.52	2,421.60	40.68	33.00	73.68	1,087.	1,237.	2,324.	—	—
Rated capacity of the hospitals	11,962	10,432	22,394	1,004	1,112	2,116	60	49	109	870	991	1,861	—	—
Patients on visit September 30, 1938	1,100	1,292	2,392	125	135	260	31	12	43	119	216	335	—	—
Daily average number of patients on visit during year	1,266.92	1,254.71	2,521.63	111.49	156.25	267.74	23.71	14.20	37.91	281.2	203.2	484.4	—	—
Patients on escape September 30, 1938	62	15	77	4	1	5	1	—	1	5	—	5	—	—
Daily average number of patients on escape during year	49.80	12.55	62.35	4.01	1.02	5.03	—	—	—	5.25	1.13	6.38	—	—
Patients boarded out September 30, 1938	64	258	322	—	2	2	—	—	—	—	9	9	—	—
Daily average number of patients boarded out during year	65.20	267.00	332.20	—	4.54	4.54	—	—	—	—	10.3	10.3	—	—
Ex-servicemen on books September 30, 1938	2,377	8	2,385	29	2	31	13	—	13	64	—	64	—	—
Daily average number on books during year	2,358.98	8.42	2,367.40	49.05	2.	51.05	11.40	—	11.40	79.2	—	79.2	—	—
Daily average number actually in hospital during year	2,214.72	7.42	2,222.14	37.27	2.	39.27	6.90	—	6.90	63.4	—	63.4	—	—
Support of patient population (exclusive of patients on escape and on visit)														
Supported by State	10,616	10,668	21,284	963	1,173	2,136	37	39	76	1,000	1,018	2,018	—	—
Reimbursing	779	1,553	2,332	82	167	249	—	1	1	104	229	333	—	—
Ex-servicemen for whom pay is received from the Federal Government	1,848	4	1,852	—	1	1	—	—	—	1	—	1	—	—
Non-insane patients actually in hospitals September 30, 1938														
Mentally defective	54	30	84	3	4	7	2	—	2	—	—	—	—	—
Epileptic	490	507	997	—	—	—	—	—	—	—	—	—	—	—
Others	64	31	95	5	3	8	7	7	14	6	4	10	—	—
Total	608	568	1,176	8	7	15	9	7	16	6	4	10	—	—

TABLE 174—General Statistics of Massachusetts Hospitals for Mental Disorders for the Year Ended September 30, 1938—Continued

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1937	663	803	1,466	848	739	1,587	747	737	1,484	862	1,186	2,048	823	981	1,804
Cases Admitted during Year															
Regular Commitment Cases:															
First Admissions	95	77	172	26	41	67	54	33	87	46	63	109	—	—	—
Readmissions	21	32	53	14	20	34	37	30	67	25	30	55	—	—	—
Total	116	109	225	40	61	101	91	63	154	71	93	164	—	—	—
Temporary Care Cases:															
First Admissions	10	6	16	11	2	13	—	—	—	6	4	10	—	—	—
Readmissions	2	1	3	2	—	2	—	—	—	6	—	6	—	—	—
Total	12	7	19	13	2	15	—	—	—	12	4	16	—	—	—
Observation Cases:															
First Admissions	19	14	33	7	3	10	6	3	9	4	2	6	—	—	—
Readmissions	6	3	9	3	4	7	1	1	2	1	2	3	—	—	—
Total	25	17	42	10	7	17	7	4	11	5	4	9	—	—	—
Voluntary Cases:															
First Admissions	—	1	1	2	2	4	—	—	—	—	—	—	—	—	—
Readmissions	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	2	3	2	2	4	—	—	—	—	—	—	—	—	—
Total cases admitted by transfer	38	12	50	41	19	60	7	35	42	5	9	14	—	96	196
Total cases admitted	192	147	339	106	91	197	105	102	207	93	110	203	100	96	196
Total cases under treatment	855	950	1,805	954	830	1,784	852	839	1,691	955	1,296	2,251	923	1,077	2,000
Cases Discharged During Year															
Regular Commitment Cases:															
As recovered	12	15	27	—	—	—	2	2	4	2	2	4	1	2	3
As improved	23	35	62	24	35	59	14	9	23	44	48	92	9	20	29
As unimproved	3	5	8	3	1	4	4	1	5	4	6	10	1	—	1
As not insane	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—
Died	25	41	66	36	38	74	32	43	75	45	50	95	19	13	32
Total	67	96	163	63	76	139	52	55	107	95	106	201	30	35	65
Temporary Care Cases:															
As recovered	4	2	6	4	—	4	—	—	—	4	—	4	—	—	—
As improved	1	1	2	1	1	1	—	—	—	3	1	4	—	—	—
As unimproved	—	1	1	1	1	2	—	—	—	1	2	3	—	—	—
As not insane	5	1	5	7	1	8	—	—	—	4	1	5	—	—	—
Died	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Total	12	5	17	13	2	15	—	—	—	12	4	16	—	—	—

[illegible]

TABLE 174. — *General Statistics of Massachusetts Hospitals for Mental Disorders for the Year Ended September 30, 1938* — Continued

	FOXBOROUGH			GARDNER			GRAFTON			MEDFIELD			METROPOLITAN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Ex-service men on books September 30, 1938	37	-	37	10	-	10	22	1	23	17	-	17	38	-	38
Daily average number on books during year	43.08	-	43.08	13.49	-	13.49	21.56	.65	22.21	32.61	-	32.61	38.5	-	38.5
Daily average number actually in hospital during year	40.41	-	40.41	11.96	-	11.96	20.33	.65	20.98	26.74	-	26.74	37.5	-	37.5
Support of patient population (exclusive of patients on escape and on visit)															
Supported by State	604	653	1,257	799	544	1,343	741	726	1,467	706	992	1,698	811	909	1,720
Reimbursing	45	103	148	31	59	90	19	24	43	38	77	112	47	97	144
Ex-service patients for whom pay is received from the Federal Government	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-
Non-insane patients actually in hospitals September 30, 1938	-	2	2	13	10	23	3	-	3	-	-	-	-	-	-
Mentally defective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Epileptic	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Others	-	-	-	4	3	7	-	-	-	-	-	-	-	-	-
Total	-	2	2	17	13	30	3	-	3	1	-	1	-	-	-

TABLE 174. — *General Statistics of Massachusetts Hospitals for Mental Disorders for the Year Ended September 30, 1938* — Continued

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books Sept. 30, 1937	1,067	1,226	2,293	922	954	1,876	767	1,003	1,770	1,372	1,451	2,823	799	851	1,650
Cases Admitted during Year															
Regular Commitment Cases:	199	186	385	164	155	319	147	185	332	238	198	436	15	14	29
First Admissions	85	79	164	46	52	98	54	88	142	78	93	171	9	9	18
Readmissions															
Total	284	265	549	210	207	417	201	273	474	316	291	607	24	23	47
Temporary Care Cases: First Admissions	24	5	29	26	9	35	2	2	4	9	8	17	-	-	-

Readmissions	3	1	4	12	2	14	2	2	4	5	—	5	—	—
Total	27	6	33	38	11	49	4	4	8	14	8	22	—	—
Observation Cases:	27	14	41	44	20	64	40	22	62	63	21	84	—	—
First Admissions	2	3	6	5	4	9	16	4	20	13	3	16	—	—
Readmissions	30	17	47	49	24	73	56	26	82	76	24	100	—	—
Total	2	—	2	—	2	2	3	—	3	4	1	5	50	86
Voluntary Cases:	2	3	3	1	1	2	3	1	4	6	—	6	8	21
First Admissions	2	3	3	1	1	2	3	1	4	6	—	6	8	21
Readmissions	2	3	5	1	3	4	6	1	7	10	1	11	58	49
Total	10	5	15	9	5	14	8	18	26	7	14	21	1	2
Total cases admitted by transfer	353	296	649	307	250	557	275	322	597	423	338	761	83	73
Total cases under treatment	1,420	1,522	2,942	1,229	1,204	2,433	1,042	1,325	2,367	1,795	1,789	3,584	882	924
Cases Discharged During Year														1,806
Regular Commitment Cases:														
As recovered	39	2	41	37	43	80	51	48	99	64	38	102	—	—
As improved	80	128	208	48	37	85	48	46	94	93	85	178	—	1
As unimproved	20	6	26	2	3	5	7	12	19	26	28	54	12	18
As not insane	6	1	7	—	—	—	—	—	—	1	3	4	—	—
Died	76	79	155	70	75	145	63	75	138	95	96	191	5	13
Total	221	216	437	157	158	315	169	181	350	279	250	529	17	32
Temporary Care Cases:														
As recovered	9	2	11	15	2	17	—	—	—	—	—	—	—	—
As improved	4	—	4	5	2	7	—	—	—	—	—	—	—	—
As unimproved	5	2	7	2	2	2	1	1	2	5	4	9	—	—
As not insane	6	1	7	9	4	13	3	3	6	5	1	6	—	—
Died	4	1	5	6	1	7	—	—	—	4	3	7	—	—
Total	28	6	34	35	11	46	4	4	8	14	8	22	—	—
Observation Cases:														
As recovered	10	4	14	21	9	30	13	13	26	18	4	22	—	—
As improved	1	—	1	3	3	6	—	1	1	2	1	3	—	—
As unimproved	1	—	1	1	—	1	—	—	—	3	3	6	—	—
As not insane	17	8	25	15	5	20	28	6	34	46	7	53	—	—
Died	5	2	7	5	9	14	7	4	11	5	9	14	—	—
Total	34	14	48	45	26	71	48	24	72	74	24	98	—	—
Voluntary Care Cases:														
As recovered	2	1	3	—	—	—	—	—	—	—	—	—	—	—
As improved	—	2	2	1	2	3	—	—	—	—	—	—	—	—
As unimproved	—	—	—	—	—	—	—	—	—	—	—	—	40	18
As not insane	—	—	—	1	1	2	5	2	7	6	—	6	—	58

TABLE 174. — General Statistics of Massachusetts Hospitals for Mental Disorders for the Year Ended September 30, 1938 — Continued

	NORTHAMPTON			TAUNTON			WESTBOROUGH			WORCESTER			MONSON		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Died	—	—	—	—	—	—	—	—	—	1	—	1	29	14	43
Total cases discharged by transfer	2	3	5	2	3	5	5	2	7	7	—	7	69	32	101
Total cases discharged during year	27	4	31	62	26	88	26	32	58	24	8	32	2	—	2
Patients on books Sept. 30, 1938	312	243	555	301	224	525	252	243	495	398	290	688	88	47	135
Regular commitment cases	1,106	1,275	2,381	919	979	1,898	778	1,077	1,855	1,391	1,497	2,888	298	325	623
Temporary care cases	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—
Observation cases	1	3	4	6	1	7	9	3	12	3	1	4	—	—	—
Voluntary cases	1	1	2	—	—	—	3	2	5	3	1	4	496	552	1,048
Total on books	1,108	1,279	2,387	928	980	1,908	790	1,082	1,872	1,397	1,499	2,896	794	874	1,671
Total number of patients actually in hospitals September 30, 1938	924	1,096	2,020	833	860	1,693	682	908	1,590	1,164	1,200	2,364	725	825	1,550
Averages															
Daily average population (including patients on escape, on visit and in family care)	1,087.33	1,252.24	2,339.57	937.00	969.65	1,906.65	757.45	1,043.40	1,800.85	1,388.80	1,469.64	2,858.44	762.57	846.10	1,608.67
Daily average population (excluding patients on escape, on visit and in family care)	916.07	1,068.70	1,984.77	838.70	853.14	1,691.84	636.20	885.57	1,521.77	1,153.38	1,202.40	2,355.78	718.92	810.50	1,592.42
Rated capacity of the hospitals	730	999	1,729	623	662	1,285	546	788	1,334	1,252	1,133	2,385	511	666	1,177
Patients on visit Sept. 30, 1938	166	166	332	93	118	211	91	153	244	189	220	409	65	51	116
Daily average number of patients on visit during year	157.94	170.09	328.03	96.34	114.36	210.70	103.97	138.62	242.59	199.42	188.41	387.83	40.61	34.98	75.59
Patients on escape Sept. 30, 1938	11	1	12	1	—	1	6	5	11	11	4	15	4	1	5
Daily average number of patients on escape during year	6.93	.16	7.09	.96	—	.96	5.22	2.76	7.98	5.00	3.83	8.83	2.39	.26	2.65
Patients boarded out September 30, 1938	7	16	23	1	2	3	11	16	27	33	75	108	—	—	—

Daily average number of patients boarded out during year	6.39	13.29	19.68	1.00	2.15	3.15	12.06	16.45	28.51	31.00	75.00	106.00	.65	.36	1.01
Ex-service men on books September 30, 1938	19	-	19	42	-	42	38	3	41	59	1	60	4	-	4
Daily average number on books during year	27.16	-	27.16	47.83	-	47.83	44.85	3.71	48.56	61.00	1.00	62.00	5.30	-	5.30
Daily average number actually in hospital during year	22.83	-	22.83	43.08	-	43.08	34.38	2.71	37.09	61.00	1.00	62.00	5.17	-	5.17
Support of patient population (exclusive of patients on escape and on visit)	842	905	1,747	775	749	1,524	584	704	1,288	1,095	1,087	2,182	693	788	1,481
Reimbursing	81	191	272	58	111	169	98	202	300	68	112	180	32	37	69
Ex-service patients for whom pay is received from the Fed. Government	1	-	1	-	-	-	-	2	2	1	1	2	-	-	-
Non-insane patients actually in hospitals Sept. 30, 1938	7	4	11	-	-	-	1	-	1	-	1	1	2	1	3
Mentally defective	-	-	-	-	-	-	1	-	1	-	-	-	-	506	995
Epileptic	1	3	4	4	-	4	8	4	12	5	3	8	-	2	2
Others	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	8	7	15	4	-	4	10	4	14	5	4	9	491	509	1,000

TABLE 174 — General Statistics of Massachusetts Hospitals for Mental Disorders for the Year Ended September 30, 1938 — Continued

	McLEAN			BRIDGEWATER			TEWKSBURY			U. S. VETERANS' No. 107			U. S. VETERANS' No. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on Books September 30, 1937	111	159	270	888	-	888	86	401	487	1,002	-	1,002	664	-	664
Cases Admitted during Year	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Regular Commitment Cases:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
First Admissions	30	46	76	35	-	35	-	-	-	64	-	64	19	-	19
Readmissions	19	21	40	32	-	32	-	-	-	85	-	85	58	-	58
Total	49	67	116	67	-	67	-	-	-	149	-	149	77	-	77
Temporary Care Cases:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
First Admissions	12	9	21	-	-	-	-	-	-	2	-	2	-	-	-
Readmissions	7	1	8	-	-	-	-	-	-	-	-	-	-	-	-
Total	19	10	29	-	-	-	-	-	-	2	-	2	-	-	-
Observation Cases:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
First Admissions	1	1	2	26	-	26	-	-	-	10	-	10	-	-	-

TABLE 174. — General Statistics of Massachusetts Hospitals for Mental Disorders for the Year Ended September 30, 1938 — Concluded

	MCLEAN			BRIDGEWATER			TEWKSBURY			U. S. VETERANS' No. 107			U. S. VETERANS' No. 95		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Readmissions	—	1	1	11	—	11	—	—	—	5	—	5	1	—	1
Total	1	2	3	37	—	37	—	—	—	15	—	15	1	—	1
Voluntary Cases:															
First Admissions	33	26	59	—	—	—	—	—	—	12	—	12	6	—	6
Readmissions	17	15	32	—	—	—	—	—	—	9	—	9	13	—	13
Total	50	41	91	—	—	—	—	—	—	21	—	21	19	—	19
Total cases admitted by transfer	2	6	8	47	—	47	—	—	—	169	—	169	29	—	29
Total cases admitted	121	126	247	151	—	151	—	—	—	356	—	356	126	—	126
Total cases under treatment	232	285	517	1,039	—	1,039	—	487	—	1,358	—	1,358	790	—	790
Cases Discharged During Year															
Regular Commitment Cases:															
As recovered	6	8	14	20	—	20	—	—	—	15	—	15	4	—	4
As improved	32	31	63	3	—	3	—	1	1	47	—	47	39	—	39
As unimproved	7	11	18	—	—	—	—	—	—	10	—	10	6	—	6
As not insane	8	3	11	10	—	10	—	—	—	2	—	2	—	—	—
Died	3	1	4	36	—	36	—	5	10	26	—	26	11	—	11
Total	56	54	110	69	—	69	—	5	11	100	—	100	60	—	60
Temporary Care Cases:															
As recovered	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
As improved	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—
As unimproved	8	5	13	—	—	—	—	—	—	1	—	1	—	—	—
As not insane	4	2	6	—	—	—	—	—	—	—	—	—	—	—	—
Died	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
Total	20	10	30	—	—	—	—	—	—	2	—	2	—	—	—
Observation Cases:															
As recovered	—	—	—	12	—	12	—	—	—	10	—	10	—	—	—
As improved	1	1	2	—	—	—	—	—	—	2	—	2	1	—	1
As unimproved	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
As not insane	—	1	1	23	—	23	—	—	—	3	—	3	—	—	—
Died	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Total	2	2	4	36	—	36	—	—	—	15	—	15	1	—	1
Voluntary Care Cases:															
As recovered	1	5	6	—	—	—	—	—	—	5	—	5	3	—	3
As improved	18	29	47	—	—	—	—	—	—	7	—	7	13	—	13
As unimproved	6	5	11	—	—	—	—	—	—	4	—	4	1	—	1
As not insane	27	3	30	—	—	—	—	—	—	5	—	5	3	—	3

[illegible]

TABLE 175. — *Deportation of Insane, Mentally Defective, and Epileptic from Public Institutions — November 30, 1938*¹

	TOTALS			DEPARTMENT			U. S. COMMISSION OF IMMIGRATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases pending November 30, 1937	26	26	52	16	15	31	10	11	21
Since Reported	57	41	98	54	39	93	3	2	5
Total cases under consideration	83	67	150	70	54	124	13	13	26
Deported:	42	30	72	37	26	63	5	4	9
Viz: other states	37	26	63	37	26	63	—	—	—
other countries	5	4	9	—	—	—	5	4	9
special cases not landed under Immigration laws and deported	—	—	—	—	—	—	—	—	—
Discharged:	8	2	10	6	2	8	2	—	2
Viz: care of friends	5	2	7	3	2	5	2	—	2
escaped	2	—	2	2	—	2	—	—	—
transferred to Veterans or private hospitals	1	—	1	1	—	1	—	—	—
Died	2	2	4	1	1	2	1	1	2
Dropped from further consideration	—	—	—	—	—	—	—	—	—
Viz: rejected by Commissioner of Immigration	2	3	5	2	3	5	—	—	—
rejected by the Department	—	—	—	—	—	—	—	—	—
Total cases closed	54	37	91	46	32	78	8	5	13
Cases pending November 30, 1938	29	30	59	24	22	46	5	8	13
Viz: not in condition to deport	4	2	6	4	2	6	—	—	—
awaiting action	23	25	48	18	17	35	5	8	13
on visit	2	3	5	2	3	5	—	—	—

¹ Includes Mental Wards, Tewksbury and Bridgewater State Hospital; does not include U. S. Veterans' Hospitals.

Tables 176-287 inclusive, are computed for the Statistical Year ended September 30, 1938

TABLE 176. — *Small Private Hospitals and Schools: Number under Care*¹ *for the Year Ended September 30, 1938*

PRIVATE HOSPITALS	TOTALS			INSANE			SAFE VOLUNTARY			INEBRIATE			FEEBLE-MINDED			TEMPORARY CARE			NON-MENTAL		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Bosworth Hospital, George A. Gaunt, M.D.,	4	5	9	3	5	8										1					
Bournewood, George H. Torney, M.D.,	—	7	7	—	6	6		1	1												
Channing Sanitarium, Inc., Donald Gregg, M.D.,	7	22	29	1	16	17		5	4	9									1	2	3
Glenside, Mabel D. Ordway, M.D.,	15	78	93	10	71	81		1	2	3						1	1	2	1	4	5
Reeves' Sanatorium, Clarence M. Kelley, M.D.,	—	6	6	—	5	5														1	1
Ring Sanatorium and Hospital, Inc., Hosea W. McAdoo, M.D.,	14	25	39	6	21	27			1	1							1	1	4	2	6
Westwood Lodge, William J. Hammond, M.D.,	7	12	19	4	6	10													2	2	8
Wiswall Sanatorium, Inc., Edward H. Wiswall, M.D.,	6	14	20	4	14	18													2	2	2
Woodlawn Sanitarium, Ewan A. Robertson, M.D.,	1	3	4	—	—	—			2	2									1	1	2
Grove Hall Institute, Geo. Colton Moore, M.D.,	4	—	—	—	—	—															
Dr. Taylor's Private Hospital, Frederick L. Taylor, M.D.,	5	—	5	—	—	—		1	—	1											
Washington Home, Hugh Barr Gray, M.D.,	8	—	8	—	—	—				8											
Clarke School, Miss Edith G. Clarke	5	6	11	—	—	—							3	4	7				2	2	4
Elm Hill Private School, George A. Brown, M.D.,	15	5	20	—	—	—							15	5	20						
Perkins School, Franklin H. Perkins, M.D.,	17	21	38	—	—	—							17	21	38						
Standish Manor, Miss Alice M. Myers	2	6	6	—	—	—							2	6	6						
The Freer School, Miss Cora E. Morse	—	—	—	—	—	—							—	—	—						
The Lila Sanatorium, Richard C. Eley, M.D.,	4	3	7	—	—	—							4	3	7						
Total	114	217	331	28	144	172		7	10	17	23	—	41	43	84	2	2	4	13	18	31

¹ Not including McLean Hospital. Information for McLean may be found in Text Table 1.

TABLE 177. — Country of Birth and Percentage of First Admissions and Readmissions to Hospitals for Mental Disorders, 1938, by Sex¹

NATIVITY	FIRST ADMISSIONS					READMISSIONS									
	PATIENTS			PARENTS OF MALE PATIENTS		PARENTS OF FEMALE PATIENTS		PATIENTS			PARENTS OF MALE PATIENTS		PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both	Fathers	Mothers	Both	M.	F.	T.	Fathers	Mothers	Both
Africa	1	1	2	—	—	—	—	—	1	—	—	—	—	—	—
Australia	—	8	13	9	6	8	11	11	11	4	—	4	7	10	7
Austria	5	1	6	4	—	—	—	—	—	—	—	—	—	—	—
Belgium	183	192	375	370	372	282	302	313	243	39	54	93	106	122	97
Canada ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Central America	6	—	6	5	7	4	—	—	—	1	—	1	1	1	—
China	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—
Czecho-Slovakia	1	1	2	1	1	—	—	—	—	—	—	—	—	—	—
Cuba	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	6	1	7	6	8	5	—	—	—	1	—	2	2	2	2
England	59	40	99	116	110	73	95	88	61	8	12	20	32	30	41
Finland	12	13	25	23	22	21	20	19	18	3	4	7	7	7	9
France	3	4	7	12	5	4	6	8	5	—	2	2	2	16	14
Germany	16	9	25	40	37	28	28	27	21	5	2	8	6	6	11
Greece	20	7	27	30	28	28	13	13	13	6	2	3	1	3	3
Holland	3	2	5	4	5	4	5	6	4	2	1	3	2	2	2
Hungary	2	3	5	5	2	1	4	3	3	—	—	—	—	—	—
India	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Ireland	147	170	317	472	483	400	372	386	336	32	44	76	167	178	145
Italy	94	75	169	175	166	166	138	131	130	32	41	73	78	71	66
Jugo-Slavia	—	—	—	1	1	—	—	—	—	—	—	1	1	1	1
Mexico	—	3	3	7	6	5	5	4	3	—	2	2	—	—	—
Norway	3	2	5	106	107	101	98	98	95	16	17	33	33	37	31
Poland	58	52	110	67	64	64	39	36	35	6	6	12	15	13	26
Portugal	47	14	61	67	64	—	—	—	—	—	—	—	—	—	9
Rumania	—	1	1	—	—	—	—	2	1	—	1	1	1	1	1
Russia	44	32	76	90	82	79	67	64	62	20	32	52	60	57	72
Scotland	15	28	43	30	37	18	49	48	35	4	6	10	17	10	12
South America	—	—	—	1	—	—	—	—	—	—	1	1	—	—	1
Spain	2	—	2	2	2	2	—	—	—	—	—	—	—	2	—
Sweden	23	15	38	31	33	29	37	32	32	4	3	7	8	8	14
Switzerland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Asia	1	2	3	5	1	1	4	4	3	3	—	3	4	4	1
Turkey in Europe	10	6	16	11	11	11	6	6	3	2	1	3	3	3	2
United States ³	4	4	6	5	4	4	731	738	609	829	624	1,453	417	403	305
Wales	1,972	1,474	3,446	971	986	806	22	21	1	—	—	—	—	—	—
West Indies ⁴	2	2	4	2	2	6	7	7	5	1	4	5	1	1	6
Other countries ⁵	5	4	9	7	7	44	37	36	34	15	13	28	25	22	18

Unknown	8	3	11	139	145	109	105	100	84	1	1	2	20	24	18	16	23	15
Total	2,791	2,189	4,980	2,791	2,791	2,307	2,189	2,189	1,850	1,037	879	1,916	1,037	1,037	844	879	879	724

¹Unless otherwise specified, the following tables include all State Hospitals, Bridgewater, Tewksbury, McLean and Veterans' Administration Facilities Nos. 107 and 95 (non-residents of Massachusetts excluded). ²Epileptics with psychosis at Monson State Hospital included but epileptics without psychosis excluded. Cases going directly from Psychopathic to other hospitals are counted only in the second hospital admission.

³Includes Newfoundland.

⁴Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.

⁵Except Cuba, Porto Rico and the Virgin Islands.

⁶Includes Europe and Asia not specified; also, born at sea.

TABLE 178. — *Admission Ages of First Admissions to Hospitals for Mental Disorders, 1938, by Nativity, Parentage and Sex*

AGE GROUPS	AGGREGATE			TOTAL						PARENTAGE						NATIVE BORN						FOREIGN BORN			NATIVITY UNKNOWN								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	Both Parents Foreign	One Parent Native, One Parent Foreign	Both Parents Native	Unknown	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
0-14 years	45	32	77	45	32	77	11	13	24	6	5	11	22	9	31	6	5	11	13	8	21	5	11	—	—	—	—	—					
15-19 years	158	142	300	155	135	290	60	50	110	22	23	45	60	54	114	13	8	21	14	6	20	3	7	10	—	—	—						
20-24 years	254	153	407	239	147	386	99	66	165	44	25	69	81	54	135	15	2	17	14	5	15	22	29	51	—	—	—						
25-29 years	248	163	411	226	134	360	100	66	166	36	22	58	80	41	121	10	5	15	10	5	15	22	29	51	—	—	—						
30-34 years	221	183	404	193	150	343	73	72	145	36	24	60	74	44	118	10	10	20	26	32	60	72	132	132	1	—	—						
35-39 years	260	201	461	199	129	328	88	54	142	32	23	55	72	46	118	7	6	13	7	6	13	26	33	59	2	—	—						
40-44 years	264	163	427	193	104	297	78	26	104	37	21	58	67	51	118	11	6	17	71	59	130	71	59	130	—	—	—						
45-49 years	250	203	453	155	118	273	49	42	91	30	22	52	67	43	110	9	11	20	94	85	179	115	78	193	—	—	—						
50-54 years	223	172	395	108	84	188	30	25	60	13	10	23	40	48	104	8	4	9	115	78	193	115	78	193	—	—	—						
55-59 years	179	139	318	104	84	188	43	30	73	13	10	23	40	48	104	5	4	9	74	55	129	74	55	129	—	—	—						
60-64 years	167	155	322	97	92	189	31	26	57	11	9	20	47	50	97	8	7	15	70	62	132	70	62	132	—	—	—						
65-69 years	152	133	285	66	75	141	18	28	46	7	7	14	35	35	70	6	5	11	84	57	141	84	57	141	—	—	—						
70-74 years	138	124	262	64	54	118	20	18	38	3	4	7	32	26	60	9	6	15	74	69	143	74	69	143	—	—	—						
75-79 years	137	106	243	73	49	122	18	17	35	9	5	14	40	20	60	6	7	13	64	57	121	64	57	121	—	—	—						
80-84 years	60	75	135	34	51	85	7	14	21	3	3	6	16	28	44	8	6	14	26	24	50	26	24	50	—	—	—						
85-89 years	27	34	61	16	21	37	2	3	5	1	1	2	12	15	27	1	2	3	11	13	24	11	13	24	—	—	—						
90 years plus	8	11	19	5	5	10	—	—	—	—	—	—	3	3	6	2	2	4	3	6	9	3	6	9	—	—	—						
Total	2,791	2,189	4,980	1,972	1,474	3,446	732	550	1,282	302	221	523	804	607	1,411	134	96	230	811	712	1,523	811	712	1,523	8	3	11						

TABLE 180. — *Country of Origin of Foreign Born First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex*

COUNTRY OF ORIGIN	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES			DUE TO DRUGS, ETC.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	6	7	13	5	7	12	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Canada	166	172	338	137	161	298	29	11	40	18	3	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
England	59	46	105	49	43	92	10	3	13	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Finland	12	13	25	11	11	22	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
France	3	5	8	3	5	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	16	10	26	15	10	25	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greece	21	7	28	17	7	24	4	—	4	7	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Holland	4	3	7	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	160	179	339	147	166	313	13	13	26	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Italy	94	76	170	81	69	150	13	7	20	13	—	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poland	57	52	109	54	49	103	3	3	6	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portugal	47	14	61	44	13	57	3	1	4	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Russia	47	33	80	34	33	67	13	—	13	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotland	17	34	51	17	33	50	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	24	15	39	20	15	35	4	—	4	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Asia	7	6	13	7	5	12	—	—	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indies ^a	5	3	8	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other countries ^b	66	37	103	55	28	83	11	9	20	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	8	3	11	7	3	10	1	—	1	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	819	715	1,534	712	664	1,376	107	51	158	54	8	62	2	2	4	—	1	1	1	5	6	128	19	147	3	5	8

Includes Newfoundland.

¹Except Cuba, Porto Rico and the Virgin Islands.²Includes Europe and Asia not specified; also, born at sea.

All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 180. — *Country of Origin of Foreign Born First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex — Concluded*

COUNTRY OF ORIGIN	PSYCHO-NEUROSES			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			PARANOID AND PARANOID CONDITIONS			WITH PSYCHOPATHIC PERSONALITY			WITH MENTAL DEFICIENCY			UNDIAGNOSED PSYCHOSES			WITHOUT PSYCHOSES			PRIMARY BEHAVIOR DISORDERS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	1	1	2	—	—	—	2	3	5	—	1	1	—	—	—	—	1	1	—	—	—	1	—	—	—	—	—
Canada ¹	8	13	21	—	5	15	4	18	22	—	4	8	—	—	—	—	3	2	5	—	—	29	9	38	—	2	2
England	3	3	6	3	3	6	1	3	4	2	2	4	—	—	—	—	1	1	—	—	—	10	3	13	—	—	—
Finland	—	—	—	—	—	—	2	1	3	—	—	—	1	—	—	—	—	—	—	—	—	1	2	3	—	—	—
France	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greece	2	1	3	2	2	4	2	1	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Holland	1	1	2	—	2	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	2	3	5	—	9	6	4	19	23	3	6	9	—	—	—	—	2	2	4	—	—	13	12	25	—	1	1
Italy	3	8	11	1	14	15	7	12	19	4	1	5	1	—	—	—	6	6	1	—	—	13	7	20	—	—	—
Poland	7	2	9	1	6	7	4	9	13	6	3	9	—	—	—	—	2	1	3	—	—	2	3	5	—	1	1
Portugal	1	1	2	1	1	2	10	2	12	1	2	3	—	—	—	—	1	1	2	—	—	2	1	3	—	—	—
Russia	4	5	9	5	7	12	1	5	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sweden	—	—	—	—	2	3	5	1	2	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Asia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indies ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other countries ³	3	4	7	2	5	7	10	4	14	4	2	6	—	—	—	—	—	—	—	—	—	11	7	18	—	2	2
Unknown	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	34	46	80	22	71	93	56	84	140	31	26	57	3	1	4	15	8	23	14	9	23	103	46	149	4	5	9

¹Includes Newfoundland.²Except Cuba, Porto Rico and the Virgin Islands.³Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 181. — *Country of Origin of Foreign Born First Admissions to Hospitals for Mental Disorders, 1938, by Age at Admission and Sex*

COUNTRY OF ORIGIN	TOTAL		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS		50-54 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Austria	6	7	1	3	7	4	6	7	7	10	17	1	2	1	3	2	2	2
Canada ¹	166	172	1	3	7	1	6	7	1	1	1	2	13	14	13	18	22	25
England	59	46	—	—	—	—	1	—	—	—	—	32	13	3	31	2	4	47
Finland	12	13	—	—	—	—	—	—	—	—	—	8	1	4	7	5	13	17
France	3	5	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Germany	16	10	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Greece	21	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Holland	4	3	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Ireland	160	179	—	—	—	—	1	—	—	—	—	4	—	—	—	—	—	—
Italy	94	76	—	—	—	—	10	12	8	14	5	14	5	13	12	12	10	11
Poland	57	52	—	—	—	—	2	6	8	11	10	10	16	4	20	12	24	21
Portugal	47	14	—	—	—	—	1	—	—	—	1	8	9	9	18	12	14	26
Russia	47	33	—	—	—	—	3	—	—	—	6	4	3	3	16	8	1	9
Scotland	17	34	—	—	—	—	—	—	—	—	2	6	5	4	9	12	6	18
Sweden	24	15	—	—	—	—	1	—	—	—	2	2	—	3	3	2	2	2
Turkey in Asia	7	6	—	—	—	—	—	—	—	—	4	3	1	2	3	2	1	1
West Indies ²	5	3	—	—	—	—	—	—	—	—	1	1	1	1	2	2	4	5
All other countries ³	66	37	1	2	2	3	2	3	4	—	3	6	10	1	11	7	14	—
Unknown	8	3	—	—	1	1	—	—	2	—	1	—	—	—	—	—	—	—
Total	819	715	15	6	21	22	29	51	28	33	61	61	71	59	95	85	115	78
		1,534		10							133		130		180		183	

Note: — No cases in age group 0-14 years.

¹Includes Newfoundland.²Except Cuba, Porto Rico and the Virgin Islands.³Includes Europe and Asia not specified; also, born at sea.

TABLE 181. — *Country of Origin of Foreign Born First Admissions to Hospitals for Mental Disorders, 1938, by Age at Admission and Sex — Concluded*

COUNTRY OF ORIGIN	55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.
Austria	18	14	12	8	11	16	14	15	13	15	5	4	6	4	1	1
Canada	4	3	3	3	6	2	9	6	11	11	2	5	2	2	1	3
England	1	1	1	1	2	2	—	2	11	22	1	1	2	2	—	—
Finland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
France	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	3	—	2	2	1	—	1	2	2	—	1	1	—	—	—	—
Greece	1	—	1	—	—	—	1	2	1	—	1	1	—	—	—	—
Holland	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	12	18	14	17	31	21	35	26	19	22	—	—	—	—	—	—
Italy	10	5	7	6	13	5	2	6	4	1	8	6	—	—	—	—
Poland	8	4	5	3	7	—	2	2	4	1	3	3	—	—	1	2
Portugal	3	1	4	5	1	3	2	2	4	1	1	1	—	—	—	—
Russia	3	3	5	4	6	3	3	1	4	1	1	1	—	—	—	—
Scotland	2	1	3	3	4	2	2	1	4	3	1	2	—	—	—	—
Sweden	1	1	1	1	2	2	3	1	2	4	2	2	1	1	—	—
Turkey in Asia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indies ¹	1	—	1	1	—	1	—	—	2	1	—	—	—	—	—	—
All other countries ²	3	3	10	9	5	—	—	—	3	—	—	—	—	—	—	—
Unknown	1	—	—	1	2	1	2	1	—	—	2	—	2	—	—	—
Total	75	55	70	63	86	58	74	70	64	57	26	24	11	13	3	9

Note: — No cases in age group 0-14 years.

¹Includes Newfoundland.²Except Cuba, Porto Rico and the Virgin Islands.³Includes Europe and Asia not specified; also, born at sea.

TABLE 182. — Country of Origin of Native Born First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex

COUNTRY OF ORIGIN (Native Born of Foreign or Mixed Parentage)	GRAND TOTAL		TOTAL WITH MENTAL DISORDER		TOTAL WITHOUT MENTAL DISORDER		WITH SYPHILITIC MENINGO- ENCEPHALITIS		WITH OTHER FORMS OF SYPHILIS		WITH EPIDEMIC ENCEPHALITIS		WITH OTHER INFECTIOUS DISEASES		ALCOHOLIC PSYCHOSES		DUE TO DRUGS, ETC.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	4	4	8	4	2	6	—	2	2	—	—	—	—	—	—	—	—	—
Canada	276	193	469	202	163	365	11	5	16	—	—	—	—	—	—	1	4	5
England	82	68	150	65	63	128	3	3	6	—	—	—	—	—	—	1	1	2
Finland	12	7	19	6	6	12	1	—	1	—	—	—	—	—	—	—	—	—
France	10	2	12	8	2	10	2	1	—	1	—	—	—	—	—	—	—	—
Germany	25	21	46	23	18	41	2	3	5	—	—	—	—	—	—	—	—	—
Greece	9	6	15	7	4	11	1	—	—	—	—	—	—	—	—	—	—	—
Ireland	370	231	601	300	206	506	19	2	21	2	—	—	—	—	—	84	14	98
Italy	82	64	146	64	52	116	7	1	8	—	—	—	—	—	—	3	—	3
Norway	4	3	7	4	3	7	—	—	—	—	—	—	—	—	—	—	—	—
Poland	51	49	100	45	45	90	—	—	—	—	—	—	—	—	—	—	—	—
Portugal	20	26	46	14	22	36	6	4	10	—	—	—	—	—	—	—	—	—
Russia	46	35	81	36	33	69	10	2	12	3	—	—	—	—	—	—	—	—
Scotland	19	20	39	13	20	33	6	2	—	—	—	—	—	—	—	—	—	—
Sweden	9	23	32	9	20	29	—	3	3	—	—	—	—	—	—	—	—	—
West Indies ¹	3	4	7	2	2	4	1	2	3	—	—	—	—	—	—	—	—	—
All other countries ²	36	27	63	27	23	50	5	1	6	—	—	—	—	—	—	—	—	—
Unknown	75	63	138	54	52	106	4	2	6	1	2	3	2	—	—	9	2	11
Total	1,133	846	1,979	883	736	1,619	250	110	360	60	15	75	6	4	10	177	32	209
(Native Born of Native Parent- age)	839	628	1,467	642	558	1,200	197	70	267	35	16	51	6	3	9	89	16	105

¹Includes Newfoundland.²Includes Europe and Asia not specified; also, born at sea.³Except Cuba, Porto Rico and the Virgin Islands.

All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 182. — *Country of Origin of Native Born First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex — Continued*

COUNTRY OF ORIGIN (Native Born of Foreign or Mixed Parentage)	TRAUMATIC PSYCHOSES			WITH CEREBRAL ARTERIO- SCLEROSIS			WITH OTHER DISTURB- ANCES OF CIRCULATION			WITH CONVULSIVE DISORDERS (EPILEPSY)			SENILE PSYCHOSES			INVOLU- TIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			DUE TO NEW GROWTH			WITH ORGANIC CHANGES OF NERVOUS SYSTEM			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Austria	—	—	—	13	16	29	—	—	—	—	2	11	—	4	6	10	—	—	—	—	—	—	—	—	—	—	—	—
Canada ¹	—	—	—	6	12	18	1	1	2	—	—	—	—	5	4	9	—	2	13	15	—	—	—	—	—	—	—	
England	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	5	8	—	—	—	—	—	—	—	
Finland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	
France.	—	—	—	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Germany	1	—	1	1	2	3	—	—	—	1	—	—	—	1	3	4	—	1	1	2	—	—	—	—	—	—	—	
Greece	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ireland	5	—	5	52	48	100	5	1	6	6	3	9	—	11	16	27	—	12	8	20	—	—	—	—	—	—	—	
Italy	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Norway	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Poland	1	—	1	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	
Portugal	1	—	1	1	2	3	—	—	—	1	2	3	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	
Russia	—	—	—	1	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	
Scotland	—	—	—	4	5	9	—	—	—	—	—	—	—	1	—	1	—	1	1	3	—	—	—	—	—	—	—	
Sweden	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
West Indies ²	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
All other countries ³	—	—	—	2	1	3	—	—	—	1	1	2	—	—	2	2	—	—	—	1	1	—	—	—	—	—	—	
Unknown	—	—	—	15	12	27	—	—	—	1	1	2	—	4	9	13	—	—	—	—	—	—	—	—	—	—	—	
Total	8	1	9	98	100	198	8	3	11	23	9	32	—	27	41	68	19	35	54	—	—	—	—	—	—	—	—	
(Native Born of Native Parentage)	7	6	13	112	95	207	7	5	12	14	15	29	—	47	58	105	11	31	42	—	—	—	—	—	—	—	—	

¹Includes Newfoundland.²Except Cuba, Porto Rico and the Virgin Islands.³Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 182. — *Country of Origin of Native Born First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex — Concluded*

COUNTRY OF ORIGIN (Native Born of Foreign or Mixed Parentage)		PSYCHO- NEUROSES		MANIC- DEPRESSIVE PSYCHOSES		DEMENTIA PRAECOX		PARANOID AND PARANOID CONDITIONS		WITH PSYCHO- PATHIC PER- SONALITY		WITH MENTAL DEFICIENCY		UNDIAG- NOSED PSYCHOSES		WITHOUT PSYCHOSES		PRIMARY BEHAVIOR DISORDERS	
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Canada ¹	.	11	13	24	11	27	38	3	6	9	1	11	3	2	2	22	8	21	—
England	.	6	2	8	3	9	12	2	1	3	2	2	—	—	—	16	5	1	—
Finland	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1	—	—
France	.	2	—	2	1	—	1	—	—	—	—	—	—	—	—	2	—	—	—
Germany	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Greece	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Ireland	.	14	13	27	13	38	51	3	6	9	1	—	—	—	—	67	24	1	—
Italy	.	7	7	14	8	12	20	2	1	3	2	7	3	6	15	10	3	2	5
Norway	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poland	.	5	7	12	2	10	12	—	—	—	—	—	—	—	—	6	3	0	—
Portugal	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2	8	—
Russia	.	5	4	9	1	3	4	—	—	—	—	—	—	—	—	9	1	10	—
Scotland	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—
Sweden	.	1	2	3	2	4	6	1	—	—	—	—	—	—	—	5	3	3	—
West Indies ²	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other countries ³	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	.	2	2	4	1	3	4	1	2	2	1	2	3	5	15	8	6	3	9
Total	.	55	57	112	54	124	178	13	17	30	20	7	27	18	17	221	89	310	50
(Native Born of Native Parentage)	.	46	65	111	59	70	129	16	20	36	13	7	20	8	7	168	49	217	50

¹Includes Newfoundland.²Except Cuba, Porto Rico and the Virgin Islands.³Includes Europe and Asia not specified; also, born at sea. All countries having 6 or less first admissions are added to the group "All other countries".

TABLE 183. — *Country of Origin of Native Born First Admissions to Hospitals for Mental Disorders, 1938, by Age at Admission and Sex*

COUNTRY OF ORIGIN (Native Born of Foreign or Mixed Parentage)	TOTAL			0-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria	4	4	8	7	5	12	18	19	37	37	18	55	1	1	2	1	1	2	1	23	58	1	1	2	22	18	40
Canada ¹	276	193	469	—	—	—	6	—	6	11	6	17	42	21	63	29	28	57	35	58	1	31	18	49	9	9	18
England	82	68	150	—	—	—	—	—	—	2	1	3	9	5	14	2	6	8	10	6	16	14	4	18	1	1	1
Finland	12	7	19	—	—	—	1	—	1	1	1	3	3	4	7	4	1	5	1	—	1	1	—	1	1	1	1
France	10	2	12	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	2	2	2	1	—	1	—	—	—
Germany	25	21	46	—	—	—	2	2	4	1	—	—	1	1	2	4	2	6	7	1	8	4	2	6	—	—	8
Greece	9	6	15	2	1	3	12	2	18	3	1	4	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—
Ireland	370	231	601	2	1	3	2	2	4	26	14	40	29	12	41	42	24	66	42	22	64	50	15	65	31	23	54
Italy	82	64	146	3	3	6	10	18	28	24	14	38	17	11	28	10	9	19	9	7	16	3	1	4	3	1	4
Norway	4	3	7	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Poland	51	49	100	1	3	4	10	3	13	19	17	36	12	14	26	4	5	9	3	1	4	—	—	1	1	1	—
Portugal	20	26	46	—	—	—	3	3	6	4	3	7	4	3	7	4	4	8	4	2	3	—	—	—	—	—	—
Russia	46	35	81	—	—	—	9	6	15	10	8	18	9	9	18	5	3	8	4	6	10	7	1	8	1	1	2
Scotland	19	20	39	1	—	—	—	—	—	1	1	2	—	—	—	1	5	6	4	1	5	3	1	4	3	4	4
Sweden	9	23	32	1	1	2	—	—	—	1	1	2	—	3	5	1	5	6	2	8	10	3	1	4	—	—	—
West Indies ²	3	4	7	—	—	—	—	—	—	—	2	2	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
All other countries ³	36	27	63	1	2	3	5	6	11	8	4	12	9	4	13	3	2	5	—	2	2	2	2	4	2	1	3
Unknown	75	63	138	2	1	3	8	9	13	8	2	10	5	4	9	5	9	14	3	3	6	7	3	10	7	7	14
Total	1,133	846	1,979	19	19	38	92	78	170	155	93	248	144	93	237	115	105	220	124	83	207	125	52	177	87	73	160
(Native Born of Native Parentage)	839	628	1,467	26	13	39	63	57	120	84	54	138	82	41	123	78	45	123	75	46	121	68	52	120	68	45	113

TABLE 183. — *Country of Origin of Native Born First Admissions to Hospitals for Mental Disorders, 1938, by Age at Admission and Sex* — Concluded

COUNTRY OF ORIGIN (Native Born of Foreign or Mixed Parentage)		50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 Years AND OVER	
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Austria		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Canada ¹		13	12	25	15	11	26	7	6	17	6	2	8	—	3	3	—	—	—
England		3	6	9	4	6	10	7	5	12	1	2	3	3	2	5	1	1	2
Finland		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
France		1	1	2	1	—	1	—	2	1	3	—	—	—	—	—	—	—	—
Germany		1	—	1	3	3	6	—	1	1	1	—	—	1	1	2	—	—	—
Greece		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ireland		27	15	42	30	19	49	14	24	38	17	14	31	5	11	16	2	3	5
Italy		2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Norway		—	1	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Poland		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portugal		—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Russia		—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Scotland		1	5	6	—	1	1	2	1	3	—	2	2	1	—	1	—	—	—
Sweden		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indies ²		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other countries ³		—	—	—	4	1	5	—	—	—	—	2	2	—	—	—	—	—	—
Unknown		2	4	6	4	3	7	5	3	8	6	2	8	5	5	10	1	2	3
Total		51	46	97	62	44	106	48	39	87	30	24	54	17	22	39	4	6	10
(Native Born of Native Parentage)		57	48	105	42	40	82	49	53	102	34	30	64	17	29	46	12	15	27
																	5	3	8

¹ Includes Newfoundland.² Except Cuba, Porto Rico and the Virgin Islands.³ Includes Europe and Asia not specified; also, born at sea.

TABLE 184. — *Admission Ages of First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex — Concluded*

DIAGNOSTIC GROUPINGS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	21	7	15	2	8	5	1	2	1	1	1	1	1	1	1	1	1	1
With other forms of syphilis	3	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	46	10	38	5	24	5	10	4	8	1	2	2	1	1	1	1	1	1
Due to drugs, etc.	1	1	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	4	4	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
With cerebral arteriosclerosis	9	18	27	35	74	70	89	70	76	79	89	54	30	44	14	15	29	3
With other disturbances of circulation	3	2	2	3	2	1	3	4	3	2	2	1	—	—	—	—	—	—
With convulsive disorders (epilepsy)	4	1	3	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1
Senile psychoses	1	2	3	4	4	11	15	14	32	33	37	42	27	31	58	12	18	30
Involuntary psychoses	10	34	44	15	7	10	17	2	1	1	1	1	1	1	1	1	1	1
Due to other metabolic diseases, etc.	4	4	4	5	4	7	11	3	1	4	1	1	1	1	1	1	1	1
Due to new growth	—	2	2	2	1	1	2	—	1	1	1	1	1	1	1	1	1	1
With organic changes of nervous system	8	3	15	2	4	2	6	1	5	6	1	1	1	1	1	1	1	1
Psychoses	15	15	11	12	4	8	12	5	3	8	1	1	1	1	1	1	1	1
Manic-depressive psychoses	12	23	9	13	8	12	20	7	3	10	2	2	2	2	2	2	2	2
Dementia praecox	12	22	3	12	2	5	7	1	3	4	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	11	9	8	5	4	8	12	4	2	6	—	—	—	—	—	—	—	—
With psychopathic personality	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	7	2	4	1	—	1	1	2	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	4	5	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	14	9	23	4	15	7	8	4	8	1	4	4	1	1	1	1	1	1
Primary behavior disorders	45	10	55	2	2	22	1	1	12	9	8	8	1	1	1	1	1	1
Total With Mental Disorder	178	162	163	130	151	148	143	129	130	123	133	102	59	75	26	34	8	2
Total Without Mental Disorder	45	10	16	9	16	7	9	4	8	1	4	4	1	1	1	1	1	1
Grand Total	223	172	179	139	167	155	152	133	138	124	137	106	60	75	27	34	8	11
	395	318	318	293	322	299	285	272	262	262	243	235	135	135	61	61	19	19

TABLE 188. — *Diagnoses of First Admissions to Hospitals for Mental Disorders, 1938, by Hospital and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			BOSTON STATE			BOSTON PSYCHOPATHIC			DANVERS			FOXBOROUGH		
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.
With syphilitic meningo-encephalitis.	149	39	188	3.8	12	5	17	2.6	27	7	34	3.5	4	—	4
With other forms of syphilis	14	9	23	.5	1	1	2	.3	1	3	4	.4	1	—	1
With epidemic encephalitis	1	3	4	.1	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	7	12	19	.4	1	2	3	.5	—	—	—	—	—	—	—
Alcoholic psychoses	394	67	461	9.2	35	13	48	7.3	117	17	134	13.6	8	3	11
Due to drugs, etc.	11	18	29	.6	—	—	—	—	5	9	14	1.4	—	—	—
Traumatic psychoses	25	8	33	.7	5	—	5	.8	2	4	6	.6	—	—	—
With cerebral arteriosclerosis	417	393	810	16.2	145	137	282	43.3	5	4	9	.9	1	—	1
With other disturbances of circulation	22	18	40	.8	1	2	3	.5	1	2	3	.3	2	3	5
With convulsive disorders (epilepsy)	50	35	85	1.7	5	3	8	1.2	7	5	12	1.8	3	1	4
Senile psychoses	133	173	306	6.1	5	6	11	1.7	1	3	4	.4	4	8	12
With other mental disorders	46	128	174	3.5	11	16	27	4.2	—	8	8	.8	5	9	14
Involutional psychoses	40	51	91	1.8	3	6	9	1.4	8	8	16	1.6	2	2	4
Due to other metabolic diseases, etc.	2	8	10	.2	—	1	1	.2	—	—	—	—	—	—	—
Due to new growth	57	31	88	1.8	8	4	12	1.8	12	8	20	2.2	—	2	2
With organic changes of nervous system	135	168	303	6.1	1	6	7	1.1	53	70	123	12.5	13	5	18
Psychoneuroses	135	268	403	8.0	10	27	37	5.6	16	49	65	6.6	4	8	12
Manic-depressive psychoses	389	363	752	15.1	43	32	75	11.5	32	33	65	6.6	16	19	35
Dementia praecox.	60	63	123	2.5	4	9	13	2.0	9	19	28	2.8	18	15	33
Paranoia and paranoid conditions	36	15	51	1.0	—	—	—	—	2	3	5	.5	4	—	4
With psychopathic personality	74	58	132	2.7	6	1	7	1.1	8	3	11	1.1	3	3	6
With mental deficiency	40	33	73	1.5	3	—	3	.5	34	28	62	6.3	3	7	10
Undiagnosed psychoses	492	184	676	13.6	54	27	81	12.4	187	79	266	27.0	59	26	85
Without psychoses	—	—	—	—	—	—	—	—	57	41	98	10.0	16	2	18
Primary behavior disorders.	62	47	109	2.2	—	—	—	—	—	—	—	—	—	1	1
Total With Mental Disorder	2,237	1,958	4,195	84.2	299	271	570	87.6	340	280	620	63.0	108	95	203
Total Without Mental Disorder	554	231	785	15.8	54	27	81	12.4	244	120	364	37.0	16	3	19
Grand Total	2,791	2,189	4,980	100.0	353	298	651	100.0	584	400	984	100.0	124	98	222

TABLE 188. — *Diagnoses of First Admissions to Hospitals for Mental Disorders, 1938, by Hospital and Sex — Continued*

DIAGNOSTIC GROUPINGS	GARDNER			GRAFTON			MEDFIELD			NORTHAMPTON			TAUNTON			WESTBOROUGH		
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	T.
With syphilitic meningo-encephalitis.	4	1	5	5.3	5	2	7	7.3	2	3	5	4.0	14	2	16	3.5	13	2
With other forms of syphilis	1	1	2	2.1						1	1	.8	3	1	4	.2	3	1
With epidemic encephalitis	1		1	1.1	1		1	1.0		1	2	.4				.4		
With other infectious diseases	7	7	14	7.4	10	1	11	11.5	6	5	11	8.8	24	5	29	6.3	38	7
Alcoholic psychoses		1	1	1.1					2	2		1.6				.2	2	
Due to drugs, etc.					1		1	1.0		1	1		2		3	.7	5	
Traumatic psychoses	7	4	11	11.7	4	1	5	5.2	11	15	26	20.8	23	16	39	8.5	41	38
With cerebral arteriosclerosis	1		1	1.1						1	1	.8	7	3	10	2.2	3	1
With other disturbances of circulation	1		1	1.1						1	2		1	2	3		3	3
With convulsive disorders (epilepsy)	5	8	13	13.8	6	2	8	8.3	3	6	9	7.2	29	46	75	16.4	22	20
Senile psychoses												2.4	4	12	16	3.5	9	27
Involuntary psychoses.		5	5	5.3	1	1	2	2.1	3	1	4	3.2		5	5	1.1	6	13
Due to other metabolic diseases, etc.		1	4	5								1.7					4	11
Due to new growth					1		1	1.0	2	1	3	2.4	3	2	5	1.1	2	2
With organic changes of nervous system.		1	1	1.1														
Psychoneuroses	1	4	5	5.3	1	2	3	3.1		1	1	.8	21	23	44	9.6	12	13
Manic-depressive psychoses					2	4	6	6.3	11	13	24	19.2	16	26	42	9.2	7	11
Dementia praecox.	4	7	11	11.7	8	5	13	13.5	8	18	16	12.8	46	29	75	16.4	40	24
Paranoia and paranoid conditions	1	1	2	2.1	8	8	16	16.7	2	3	5	4.0	14	6	20	4.4	3	1
With psychopathic personality	1	1	1	1.1					3	3	3	2.4	9	2	11	2.4	1	1
With mental deficiency	1	2	3	3.2	6	2	8	8.3	2	2	4	3.8	12	8	20	4.4	9	11
Undiagnosed psychoses									1	1	1	.8						
Without psychoses	9	3	12	12.8	4	2	6	6.3	5	1	6	4.8	20	12	32	7.0	18	9
Primary behavior disorders.					1		1	1.0			3		3		3	.7		
Total With Mental Disorder.	37	45	82	87.2	55	34	89	92.7	51	68	119	95.2	229	193	422	92.3	216	177
Total Without Mental Disorder.	9	3	12	12.8	5	2	7	7.3	5	1	6	4.8	23	12	35	7.7	18	9
Grand Total	46	48	94	100.0	60	36	96	100.0	56	69	125	100.0	252	205	457	100.0	234	186

Total With Mental Disorder.

Total Without Mental Disorder.

Grand Total

TABLE 188. — *Diagnoses of First Admissions to Hospitals for Mental Disorders, 1938, by Hospital and Sex — Concluded*

DIAGNOSTIC GROUPINGS	WORCESTER			MONSON		MCLEAN			BRIDGEWATER			VETS' ADM. FAC. No. 107		VETS' ADM. FAC. No. 95		
	M. F. T.		%	M. F. T.	%	M. F. T.	%	M. F. T.	%	M. F. T.	%	M. F. T.	%	M. F. T.	%	
	M.	F.	T.													
With syphilitic meningo-encephalitis	27	5	32	5.9	—	—	—	2.5	—	—	—	5	5	3	—	21.4
With other forms of syphilis	4	—	4	.7	—	—	—	.6	—	—	—	—	—	1	1	7.1
With epidemic encephalitis	1	4	5	.4	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	43	4	47	8.7	—	—	—	1.3	—	—	6.7	10	10	4	4	28.6
Alcoholic psychoses	2	4	6	1.1	—	—	—	.6	—	—	—	1	1	—	—	—
Due to drugs, etc.	5	1	6	1.1	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	53	51	104	19.2	—	—	—	9.5	—	—	1.6	6	6	1	1	7.1
With cerebral arteriosclerosis	3	2	5	.9	—	—	—	.6	—	—	—	—	—	1	1	7.1
With other disturbances of circulation	4	1	5	.9	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	15	31	46	8.5	20	19	39	97.5	—	—	—	—	—	—	—	—
Acute psychoses	5	9	14	2.6	—	—	—	1.3	—	—	1.6	1	1	—	—	—
Involuntory psychoses	8	2	10	1.9	—	—	—	3.8	—	—	1.6	—	—	—	—	—
Due to other metabolic diseases, etc.	5	9	14	2.6	—	—	—	.6	—	—	—	—	—	—	—	—
Due to new growth	—	1	1	.2	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system.	5	1	6	1.1	—	—	—	.6	—	—	—	—	—	—	—	—
Psychoneuroses	7	17	24	2.6	—	—	—	1.9	—	—	—	1	1	—	—	—
Manic-depressive psychoses	5	12	17	3.1	—	—	—	13.9	—	—	3.3	2	2	1	1	7.1
Dementia praecox	67	68	135	24.9	20	24	44	27.9	—	—	—	3	3	—	—	—
Paranoia	4	5	9	1.7	—	—	—	12.7	—	—	8.2	4	4	2	2	14.3
With paranoid conditions	1	1	2	.4	—	—	—	7.0	—	—	2	2	2	—	—	—
With psychopathic personality.	6	6	12	2.2	—	—	—	—	—	—	14	14	1	1	—	—
With mental deficiency	6	1	7	1.4	—	—	—	—	—	—	8	8	1	1	—	—
Indiagnosed psychoses	47	8	55	10.2	—	—	—	—	—	—	13.1	1	1	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	1	3	4	.7	2.5	1	1	15.2	23	37.7	3	3	7.7	—	—	—
Total With Mental Disorder	266	217	483	89.1	20	19	39	84.8	38	62.3	36	36	92.3	14	14	100.0
Total Without Mental Disorder	48	11	59	10.9	2.5	1	1	15.2	23	37.7	3	3	7.7	—	—	—
Grand Total	314	228	542	100.0	20	20	40	100.0	76	82	158	39	39	14	14	100.0

TABLE 189. — *Diagnoses of Readmissions to Hospitals for Mental Disorders, 1938, by Hospital and Sex — Continued*

DIAGNOSTIC GROUPINGS	GARDNER		GRAFTON		MEDFIELD		NORTHAMPTON		TAUNTON		WESTBOROUGH	
	M. F.	T.	%	M. F.	T.	%	M. F.	T.	%	M. F.	T.	%
With syphilitic meningo-encephalitis.	-	1	2.3	5	-	7.3	1	-	1	1	-	.6
With other forms of syphilis	-	-	-	1	-	1.5	-	-	-	1	-	.8
With epidemic encephalitis	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	2	2	4.7	5	2	7	10.9	11	6.2	6	1	7
Due to drugs, etc.	-	-	-	-	-	-	-	1	.6	-	2	1.2
Traumatic psychoses	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	1	1	2.3	5	3	8	11.6	2	2.8	6	4	4.7
With other disturbances of circulation	-	-	-	-	-	-	-	1	.6	-	-	-
With convulsive disorders (epilepsy).	-	-	-	1	2	2.9	-	1	1.1	3	1	3.5
Senile psychoses	-	-	-	2	2	2.9	4.5	5	5.1	1	2	1.8
Involuntary psychoses	-	-	-	2	2	2.9	1.5	1	2.8	2	2	4.7
Due to other metabolic diseases, etc.	-	2	4.7	-	-	-	2	2	1.1	-	-	-
With organic changes of nervous system	1	-	2.3	-	-	-	-	-	-	1	1	.6
Psychoneuroses	2	7	9	3	5	8	5.8	-	8.5	2	3	2.9
Manic-depressive psychoses	8	4	12	10	4	14	20.2	10	17.2	16	20	25.9
Dementia praecox	1	2	3	3	6	9	13.0	2	32.8	13	40	61
Paranoia and paranoid conditions	-	2	4.7	2	2	4	6.3	5	31.6	17	28	36.5
With psychopathic personality	-	1	1	2	2	3	9.4	2	3.4	-	-	-
With mental deficiency	-	-	-	1	2	3	5.8	2	1.1	1	4	5
Undignated psychoses	-	-	-	1	2	3	4.3	2	1.7	2	1	1.2
Without psychoses	4	5	9	1	1	2	2.9	2	4.5	10	11	9.4
Primary behavior disorders	-	-	-	-	-	-	-	-	-	-	-	-
Total With Mental Disorder	15	19	34	37	30	67	97.1	30	93.7	54	93	90.6
Total Without Mental Disorder.	4	5	9	1	2	4	2.9	2	5.1	10	14	9.4
Grand Total	19	24	43	38	31	69	100.0	32	100.0	64	75	100.0

TABLE 189. — *Diagnoses of Readmissions to Hospitals for Mental Disorders, 1938, by Hospital and Sex — Concluded*

DIAGNOSTIC GROUPINGS	WORCESTER			MONSON			McLEAN			BRIDGEWATER			VETERANS' ADM. FAC. NO. 107			VETERANS' ADM. FAC. NO. 95												
	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%	M.	F.	T.	%								
With syphilitic meningo-encephalitis . . .	2	—	2	1.0	—	—	—	—	—	—	—	—	1	—	1	2.3	4	—	4	10.5	1	—	1	—	1	—	9.1	
With other forms of syphilis . . .	1	1	2	1.0	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	2.6	—	—	—	—	—	—	
With epidemic encephalitis . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Alcoholic psychoses . . .	12	1	13	6.6	—	—	—	—	—	2	—	2	2.5	3	—	3	7.0	2	2	5.3	2	—	2	—	2	—	18.1	
Due to drugs, etc. . .	3	—	3	1.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Traumatic psychoses . . .	2	—	2	1.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With cerebral arteriosclerosis . . .	7	8	15	7.6	—	—	—	—	—	—	—	—	—	—	—	2.3	—	—	—	—	—	—	—	—	—	—	—	
With other disturbances of circulation . . .	—	1	1	.5	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	
With convulsive disorders (epilepsy) . . .	—	—	—	—	9	10	19	95.0	—	—	—	—	—	—	—	—	—	2	2	5.3	1	—	1	—	1	—	9.1	
Senile psychoses . . .	—	4	4	2.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Involutional psychoses . . .	1	3	4	2.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Due to other metabolic diseases, etc. . .	—	1	1	.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With organic changes of nervous system . . .	—	1	1	.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Psychoneuroses . . .	2	3	5	2.5	—	—	—	—	—	1	4	5	6.2	1	—	1	2.3	1	1	2	2.6	3	—	3	—	3	27.3	
Manic-depressive psychoses . . .	11	19	30	15.2	—	—	—	—	—	11	18	29	35.8	2	—	2	4.7	6	6	15.8	—	—	—	—	—	—	—	—
Dementia praecox . . .	35	40	75	37.9	—	—	—	—	—	10	7	17	21.0	7	—	7	16.3	16	16	42.1	3	—	3	—	3	—	3	27.3
Paranoia and paranoid conditions . . .	1	1	2	1.0	—	—	—	—	—	2	1	3	3.7	1	—	1	2.3	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality . . .	3	9	12	6.1	—	—	—	—	—	2	3	5	3.7	11	—	11	25.6	1	1	2	2.6	—	—	—	—	—	—	—
With mental deficiency . . .	5	3	8	4.0	—	—	—	—	—	—	1	1	1.2	5	—	5	11.6	1	1	2	2.6	—	—	—	—	—	—	—
Undiagnosed psychoses . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses . . .	16	1	17	8.6	—	—	—	5.0	—	17	3	20	24.7	11	—	11	25.6	4	4	10.5	1	—	1	—	1	—	9.1	—
Primary behavior disorders . . .	1	—	1	.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Without Mental Disorder . . .	85	95	180	90.9	9	10	19	95.0	—	26	35	61	75.3	32	—	32	74.4	34	—	34	89.5	10	—	10	—	10	90.9	—
Total With Mental Disorder . . .	17	1	18	9.1	—	1	1	5.0	—	17	3	20	24.7	11	—	11	25.6	4	4	10.5	1	—	1	—	1	—	9.1	—
Grand Total . . .	102	96	198	100.0	9	11	20	100.0	43	38	81	100.0	43	—	43	100.0	100.0	38	—	38	100.0	11	—	11	—	11	100.0	—

TABLE 190. — *Alcoholic Habits of First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			ABSTINENT			TEMPERATE			INTERTEMPERATE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	149	39	188	32	15	47	66	10	76	41	12	53	10	2	12
With other forms of syphilis	14	9	23	5	4	9	5	3	8	4	1	5	—	1	—
With epidemic encephalitis	1	3	4	1	2	3	—	1	—	—	—	—	—	—	—
With other infectious diseases	7	12	19	2	9	11	3	1	4	2	1	3	—	1	1
Alcoholic psychoses	394	67	461	—	—	—	—	—	—	394	67	461	—	—	—
Due to drugs, etc.	11	18	29	1	6	7	1	5	6	9	6	15	—	1	1
Traumatic psychoses	25	8	33	9	6	15	7	1	8	7	1	8	2	—	2
With cerebral arteriosclerosis	417	393	810	115	254	369	130	67	197	100	14	114	72	58	130
With other disturbances of circulation	22	18	40	5	13	18	13	3	16	3	2	5	1	—	—
With convulsive disorders (epilepsy)	50	35	85	26	27	53	14	5	19	9	—	9	1	3	4
Senile psychoses	133	173	306	52	114	166	44	32	76	23	6	29	14	21	35
Involutional psychoses	46	128	174	17	85	102	22	36	58	6	5	11	1	2	3
Due to other metabolic diseases, etc.	51	91	142	11	35	46	13	11	24	14	3	17	2	2	4
Due to new growth	2	8	10	1	4	5	1	2	3	—	1	1	—	1	1
With organic changes of nervous system	57	31	88	19	20	39	18	6	24	15	4	19	5	1	6
Psychoneuroses	135	168	303	38	95	133	62	57	119	32	15	47	3	1	4
Manic-depressive psychoses	135	265	400	39	172	211	71	74	145	22	9	31	3	10	13
Dementia praecox	389	363	752	159	230	389	150	105	255	63	12	75	17	16	33
Paranoia and paranoid conditions	60	63	123	8	33	41	32	18	50	20	3	23	—	3	9
With psychopathic personality	36	15	51	9	6	15	7	3	10	17	5	22	3	1	4
With mental deficiency	74	58	132	38	51	89	20	5	25	11	2	13	5	—	5
Undiagnosed psychoses	40	33	73	7	11	18	18	10	28	12	5	17	3	7	10
Without psychoses	492	184	676	105	74	179	105	36	141	268	68	336	14	6	20
Primary behavior disorders	62	47	109	32	26	58	21	14	35	8	3	11	1	4	5
Total With Mental Disorder	2,237	1,958	4,195	594	1,192	1,786	697	455	1,152	804	174	978	142	137	279
Total Without Mental Disorder	554	231	785	137	100	237	126	50	176	276	71	347	15	10	25
Grand Total	2,791	2,189	4,980	731	1,292	2,023	823	505	1,328	1,080	245	1,325	157	147	304

TABLE 191. — *Alcoholic Habits of Readmissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			ABSTINENT			TEMPERATE			INTERTEMPERATE			UNKNOWN			
	M.		F.	M.		F.	M.		F.	M.		F.	M.		F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
With syphilitic meningo-encephalitis	23	7	30	5	2	7	8	1	9	9	1	10	1	3	4	
With other forms of syphilis	4	1	5	—	1	1	3	—	3	—	—	—	—	—	—	
With epidemic encephalitis	2	1	3	1	1	2	1	—	1	—	—	—	—	—	—	
Alcoholic psychoses	142	15	157	—	—	—	—	—	—	142	15	157	—	—	—	
Due to drugs, etc.	6	6	12	—	3	3	—	1	1	6	2	8	—	—	—	
Traumatic psychoses	4	—	4	1	—	1	2	—	2	1	—	1	—	—	—	
With cerebral arteriosclerosis	53	53	106	21	32	53	16	12	28	13	6	19	3	3	6	
With other disturbances of circulation	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	
With convulsive disorders (epilepsy)	41	25	66	17	20	37	12	3	15	12	1	13	—	1	1	
Senile psychoses	9	17	26	2	9	11	6	4	10	1	1	2	—	3	3	
Involuntary psychoses	10	36	46	6	23	29	4	8	12	—	2	2	—	3	3	
Due to other metabolic diseases, etc.	4	6	10	3	4	7	2	2	2	1	—	1	—	—	—	
With organic changes of nervous system	11	10	21	4	5	9	2	2	4	5	2	7	—	1	1	
Psychoneuroses	43	59	102	8	38	46	20	17	37	14	4	18	1	6	10	
Manic-depressive psychoses	136	253	389	40	156	196	54	69	123	38	22	60	4	4	13	
Dementia praecox	251	213	464	88	148	236	95	51	146	59	10	69	9	4	13	
Paranoia and paranoid conditions	24	21	45	3	8	11	8	12	20	12	1	13	1	—	1	
With psychopathic personality	28	29	57	9	11	20	8	12	20	11	5	16	—	1	1	
With mental deficiency	41	38	79	16	26	42	14	7	21	11	5	16	—	—	—	
Undiagnosed psychoses	9	5	14	5	2	7	3	—	3	1	2	3	—	1	1	
Without psychoses	187	73	260	26	19	45	37	15	52	123	35	158	1	4	5	
Primary behavior disorders	9	9	18	6	5	11	2	2	4	1	1	2	—	1	1	
Total With Mental Disorder	841	797	1,638	229	491	720	256	201	457	337	79	416	19	26	45	
Total Without Mental Disorder	196	82	278	32	24	56	39	17	56	124	36	160	1	5	6	
Grand Total	1,037	879	1,916	261	515	776	295	218	513	461	115	576	20	31	51	

TABLE 192. — *Race of First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex*

RACE	GRAND TOTAL			TOTAL WITH MENTAL DISORDER			TOTAL WITHOUT MENTAL DISORDER			WITH SYPHILITIC MENINGO-ENCEPHALITIS			WITH OTHER FORMS OF SYPHILIS			WITH EPIDEMIC ENCEPHALITIS			WITH OTHER INFECTIOUS DISEASES			ALCOHOLIC PSYCHOSES			DUE TO DRUGS, ETC.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	74	43	117	57	38	95	17	5	22	8	1	9	—	—	—	—	—	—	1	—	—	10	2	12	—	—	—
Armenian (part black)	6	1	7	5	—	5	3	1	2	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Armenian	14	7	21	11	—	16	3	2	5	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	8	—	8	8	—	8	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	7	—	7	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	512	393	905	395	353	748	117	40	157	21	12	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
French	21	20	41	15	17	32	6	3	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Finnish	176	127	303	148	121	269	28	6	34	15	1	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
German	36	31	67	31	30	61	5	1	6	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek	31	15	46	24	13	37	7	2	9	8	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hebrew	94	89	183	73	87	160	21	2	23	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Irish	588	460	1,048	475	411	886	113	49	162	22	3	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Italian ¹	171	139	310	143	120	263	28	19	47	20	1	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lithuanian	31	22	53	21	15	36	10	7	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Magyar	1	2	3	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	64	35	99	57	30	87	7	5	12	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian ²	46	47	93	42	43	85	4	4	8	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotch	50	41	91	39	39	78	11	2	13	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Slavonic ²	129	102	231	114	93	207	15	9	24	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spanish	2	1	3	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	5	6	11	5	4	9	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	4	3	7	4	3	7	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ³	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	5	6	11	3	4	7	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	87	74	161	70	69	139	17	5	22	4	2	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed	628	521	1,149	486	456	942	142	65	207	30	14	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2,791	2,189	4,980	2,237	1,958	4,195	554	231	785	149	39	188	14	9	23	1	3	4	7	12	19	394	67	461	11	18	29

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 192. — *Race of First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex — Continued*

RACE	TRAUMATIC PSYCHOSES		WITH CEREBRAL ARTERIO-SCLEROSIS		WITH OTHER DISTURBANCES OF CIRCULATION		WITH CONVULSIVE DISORDERS (EPILEPSY)		SENILE PSYCHOSES		INVOLUTIONAL PSYCHOSES		DUE TO OTHER METABOLIC DISEASES, ETC.		DUE TO NEW GROWTH		WITH ORGANIC CHANGES OF NERVOUS SYSTEM	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	1	—	1	11	10	21	—	—	—	1	2	—	—	—	—	—	—	—
African (part black)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
American	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	—	—	—	82	64	146	—	2	—	—	—	—	—	—	—	—	—	—
Finnish	—	—	—	2	1	3	—	3	11	—	—	—	—	—	—	—	—	—
French	—	—	—	30	28	58	—	2	1	—	—	—	—	—	—	—	—	—
German	—	—	—	7	4	11	—	1	1	—	—	—	—	—	—	—	—	—
Greek	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—
Hebrew	—	—	—	10	12	22	—	1	—	—	—	—	—	—	—	—	—	—
Irish	—	—	—	109	111	220	—	2	2	—	—	—	—	—	—	—	—	—
Italian ¹	—	—	—	18	12	30	—	5	12	—	—	—	—	—	—	—	—	—
Lithuanian	—	—	—	1	—	1	—	1	1	—	—	—	—	—	—	—	—	—
Magyar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	14	3	17	—	1	3	—	—	—	—	—	—	—	—	—
Scandinavian ²	—	—	—	13	15	28	—	1	4	—	—	—	—	—	—	—	—	—
Scotch	—	—	—	10	6	16	—	1	2	—	—	—	—	—	—	—	—	—
Slavonic ³	—	—	—	6	7	13	—	4	1	—	—	—	—	—	—	—	—	—
Spanish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	—	—	—	20	22	42	—	2	3	—	—	—	—	—	—	—	—	—
Mixed	7	3	10	80	95	175	—	12	12	24	12	24	11	11	22	1	1	1
Total	25	8	33	417	393	810	22	18	40	133	173	306	46	128	174	2	8	10
							50	35	85				40	51	91			
																57	31	88

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 192. — *Race of First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex — Concluded*

RACE	PSYCHO-NEUROSES		MANIC-DEPRESSIVE PSYCHOSES		DEMENCIA PRAECOX		PARANOIA AND PARANOID CONDITIONS		WITH PSYCHOPATHIC PERSONALITY		WITH MENTAL DEFICIENCY		UNDIAGNOSED PSYCHOSES		WITHOUT PSYCHOSES		PRIMARY BEHAVIOR DISORDERS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	5	3	8	1	4	5	10	11	21	3	2	5	2	2	4	12	1	13
African (part black)	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2	3	2	5
Armenian	—	—	—	—	—	—	5	—	5	1	—	1	—	—	—	1	—	—
Chinese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dutch and Flemish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	33	41	74	34	51	85	52	40	92	8	14	22	6	11	18	101	31	132
French	7	8	15	6	8	14	27	30	57	3	5	8	—	—	—	6	5	31
German	2	3	5	2	5	7	3	6	9	1	1	2	11	5	16	26	5	6
Greek	1	2	3	—	2	2	1	1	3	2	1	3	—	—	—	5	1	6
Hebrew	1	14	23	14	23	37	13	18	31	2	1	3	—	1	2	7	1	8
Irish	19	20	39	22	52	74	60	63	123	6	14	20	12	9	21	20	2	22
Italian ¹	8	15	23	8	25	33	25	33	58	6	2	8	10	5	15	104	4	144
Lithuanian	2	2	4	2	1	3	2	1	3	1	1	2	9	4	13	24	17	41
Magyar	—	—	—	—	—	—	8	5	13	—	—	—	1	1	1	9	6	15
Portuguese	1	2	3	2	3	5	13	6	19	—	2	3	—	—	—	6	2	8
Scandinavian ²	1	3	4	5	6	11	16	10	16	1	1	2	3	3	6	3	4	7
Scotch	2	5	7	1	1	2	5	4	9	4	—	—	1	1	1	10	2	12
Slavonic ³	13	6	19	6	13	19	33	36	69	6	4	10	2	2	4	13	7	20
Spanish	1	1	2	—	—	—	1	1	2	1	1	—	1	—	—	—	—	—
Syrian	—	—	—	—	—	—	3	2	5	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Welsh	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
West Indian ⁴	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other specific races	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Race unknown	3	4	7	2	4	6	5	14	19	1	4	5	2	2	4	2	1	3
Mixed	27	40	67	30	59	89	103	74	177	11	8	19	17	19	36	129	52	181
Total	135	168	303	135	265	400	389	363	752	36	15	51	74	58	132	492	184	676
							60	63	123	40	33	73	62	47	109			

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croats, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.⁴Except Cuba.

TABLE 193. — *Race of Readmissions to Hospitals for Mental Disorders, 1938, by Sex*

RACE	TOTAL		
	M.	F.	T.
African (black)	24	20	44
African (part black)	2	2	4
American Indian	1	—	1
Armenian	8	9	17
Chinese	1	—	1
Dutch and Flemish	1	1	2
English	159	158	317
Finnish	7	9	16
French	51	40	91
German	19	15	34
Greek	6	3	9
Hebrew	62	82	144
Irish	219	181	400
Italian ¹	77	64	141
Lithuanian	13	7	20
Magyar	2	—	2
Mexican	—	1	1
Portuguese	12	11	23
Rumanian	—	1	1
Scandinavian ²	11	17	28
Scotch	20	13	33
Slavonic ³	45	26	71
Syrian	2	1	3
Turkish	1	1	2
Other specific races	2	3	5
Race unknown	8	9	17
Mixed	284	205	489
Total	1,037	879	1,916

¹Includes "North" and "South".²Includes Norwegians, Danes and Swedes.³Includes Bohemians, Bosnians, Croatsians, Dalmatians, Herzegovinians, Montenegrins, Moravians, Polish, Russians, Ruthenians, Servians, Slovaks, Slovenians.TABLE 194. — *Citizenship of First and Readmissions Admitted to Hospitals for Mental Disorders, 1938, by Form of Admission and Sex*

ADMISSIONS	TOTAL			CITIZENS BY BIRTH			CITIZENS BY NATURALIZATION		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions	2,791	2,189	4,980	1,982	1,483	3,465	338	246	584
Readmissions	1,037	879	1,916	837	626	1,463	97	110	207
Transfers	485	248	733	347	163	510	61	31	92
Total	4,313	3,316	7,629	3,166	2,272	5,438	496	387	883

ADMISSIONS	ALIENS			FIRST PAPERS			CITIZENSHIP UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Admissions	285	296	581	29	9	38	157	155	312
Readmissions	77	106	183	2	3	5	24	34	58
Transfers	66	40	106	1	1	2	10	13	23
Total	428	442	870	32	13	45	191	202	393

TABLE 195. — *Marital Condition of First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			SINGLE			MARRIED			WIDOWED			DIVORCED			SEPARATED			UNKNOWN
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
With syphilitic meningo-encephalitis	149	39	188	41	3	44	91	22	113	4	4	8	4	2	6	—	—	—	
With other forms of syphilis	14	9	23	4	1	5	7	8	15	1	1	2	1	1	2	—	—	—	
With epidemic encephalitis	1	3	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other infectious diseases	7	12	19	1	5	6	3	5	8	—	—	—	—	2	2	—	—	—	
Alcoholic psychoses	394	67	461	146	10	156	190	28	218	13	8	21	17	5	22	—	—	—	
Due to drugs, etc.	11	18	29	3	—	3	8	13	21	—	—	—	—	2	1	—	—	—	
Traumatic psychoses	25	8	33	12	6	18	7	2	9	3	2	5	1	—	—	—	—	—	
With cerebral arteriosclerosis	417	393	810	86	78	164	182	119	301	13	8	21	12	4	16	2	2	4	
With other disturbances of circulation	22	18	40	2	1	3	12	10	22	8	7	15	—	—	—	—	—	—	
With convulsive disorders (epilepsy)	50	35	85	32	23	55	13	7	20	1	3	4	3	2	5	1	2	2	
Senile psychoses	133	173	306	20	27	47	47	32	72	68	107	175	1	2	3	—	—	—	
Involutional psychoses	46	128	174	6	19	25	35	77	112	3	29	32	1	1	2	3	1	1	
Due to other metabolic diseases, etc.	40	51	91	13	12	25	20	31	51	6	7	13	—	—	—	—	—	—	
Due to new growth	2	8	10	—	1	1	2	7	9	—	—	—	—	—	—	—	—	—	
With organic changes of nervous system	57	31	88	21	9	30	28	13	41	5	5	10	1	1	2	—	—	—	
Psychoneuroses	135	168	303	49	53	102	63	89	152	11	14	25	5	8	13	7	4	11	
Manic-depressive psychoses	135	265	400	40	88	128	79	139	218	5	24	29	7	8	15	4	6	10	
Dementia praecox	389	363	752	307	171	478	70	164	234	2	17	19	7	9	16	3	1	4	
Paranoia and paranoid conditions	60	63	123	17	15	32	35	31	66	5	7	12	1	4	5	2	6	8	
With psychopathic personality	36	15	51	20	11	31	12	2	14	—	—	—	3	2	5	1	—	—	
With mental deficiency	74	58	132	62	45	107	11	8	19	—	4	4	—	—	—	—	—	—	
Undiagnosed psychoses	40	33	73	21	10	31	16	16	32	3	4	4	3	1	4	—	—	—	
Without psychoses	492	184	676	221	73	294	203	75	278	23	20	43	33	9	42	11	6	17	
Without behavior disorders	62	47	109	52	38	90	6	6	12	3	1	4	—	—	—	1	1	2	
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total With Mental Disorder	2,237	1,958	4,195	904	589	1,493	924	824	1,748	71	64	135	56	41	97	3	5	8	
Total Without Mental Disorder	554	231	785	273	111	384	209	81	290	34	11	45	11	6	17	1	1	2	
Grand Total.	2,791	2,189	4,980	1,177	700	1,877	1,133	905	2,038	105	75	180	67	47	114	4	6	10	

TABLE 196. — *Marital Condition of Readmissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex*

DIAGNOSTIC GROUPINGS	TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED		UNKNOWN
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
With syphilitic meningo-encephalitis	23	7	30	8	2	10	13	2	15	2	2	3	—
With other forms of syphilis	4	1	5	2	2	2	—	—	—	—	—	—	—
With epidemic encephalitis	2	1	3	2	—	2	—	—	—	—	—	—	—
Alcoholic psychoses	142	15	157	55	1	56	61	10	71	5	2	11	—
Due to drugs, etc.	6	6	12	4	2	6	2	3	5	1	—	—	—
Traumatic psychoses	4	—	4	—	—	—	4	—	—	—	—	—	—
With cerebral arteriosclerosis	53	53	106	9	12	21	25	18	43	18	19	37	—
With other disturbances of circulation	—	2	2	—	—	—	—	2	2	—	—	—	—
With convulsive disorders (epilepsy)	41	25	66	29	13	42	9	11	20	2	—	—	—
Senile psychoses	10	36	46	3	5	8	7	26	33	4	9	13	—
Involuntary psychoses	4	6	10	2	1	3	2	4	6	—	—	—	—
Due to other metabolic diseases, etc.	11	10	21	4	5	9	4	4	8	1	1	2	—
With organic changes of nervous system	43	59	102	13	13	26	23	31	54	2	3	5	—
Manic-depressive psychoses	136	253	389	55	77	132	64	126	190	5	32	37	—
Dementia praecox	251	213	464	187	96	283	44	92	136	5	7	12	—
Paranoia and paranoid conditions	24	21	45	7	7	14	15	8	23	2	3	5	—
With psychopathic personality	28	29	57	21	6	27	4	12	16	3	3	6	—
With mental deficiency	41	38	79	34	29	63	5	7	12	1	1	2	—
Undiagnosed psychoses	9	5	14	7	1	8	1	2	3	—	—	—	—
Without psychoses	187	73	260	79	23	102	77	28	105	11	8	19	—
Without behavior disorders	9	9	18	8	6	14	1	1	2	—	—	—	—
Total With Mental Disorder	841	797	1,638	444	278	722	286	360	646	45	87	132	—
Total Without Mental Disorder	196	82	278	87	29	116	78	29	107	11	8	19	—
Grand Total	1,037	879	1,916	531	307	838	364	389	753	56	95	151	—
										50	49	99	—
										34	39	73	—
										2	—	2	—

TABLE 197. — *Admission Ages of First Admissions to Hospitals for Mental Disorders, 1938, by Marital Condition and Sex*

AGE GROUPS	TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED		UNKNOWN
	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	
Under 19 years	203	174	377	202	164	366	1	9	10	—	—	1	1
20-29 years	502	316	818	384	176	560	103	129	232	6	7	13	—
30-39 years	481	384	865	218	106	324	210	219	429	30	23	53	1
40-49 years	514	366	880	181	84	265	297	219	516	24	31	55	—
50-59 years	402	311	713	94	48	142	237	166	403	38	103	111	2
60-69 years	319	288	607	78	53	131	151	118	269	68	105	173	—
70-79 years	275	230	505	42	43	85	107	34	141	110	141	251	1
80-89 years	87	109	196	7	24	31	26	11	37	49	74	123	1
90 years and over	8	11	19	1	2	3	1	—	1	6	9	15	—
Total	2,791	2,189	4,980	1,177	700	1,877	1,133	905	2,038	305	456	761	4
										105	75	180	6
										67	47	114	10

TABLE 198. — *Admission Ages of Readmissions to Hospitals for Mental Disorders, 1938, by Marital Condition and Sex*

AGE GROUPS	TOTAL		SINGLE		MARRIED		WIDOWED		DIVORCED		SEPARATED		UNKNOWN
	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	
Under 19 years	53	42	95	53	42	95	—	—	—	—	—	—	—
20-29 years	225	162	387	191	92	283	24	50	74	—	1	1	—
30-39 years	250	215	465	139	74	213	88	116	204	3	7	10	—
40-49 years	251	203	454	86	41	127	119	114	233	11	15	26	1
50-59 years	134	135	269	37	20	57	72	78	150	9	24	33	—
60-69 years	82	82	164	19	24	43	45	26	71	14	29	43	—
70-79 years	33	29	62	5	12	17	12	4	16	16	11	27	—
80-89 years	8	11	19	1	2	3	3	1	4	1	8	11	—
90 years and over	1	—	1	—	—	—	—	—	—	—	—	—	—
Total	1,037	879	1,916	531	307	838	364	389	753	56	95	151	2
										50	49	99	—
										34	39	73	—

TABLE 100 — Degree of Education of First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex:

DIAGNOSTIC GROUPINGS	TOTAL			ILLITERATE			READS ONLY			READS AND WRITES			COMMON SCHOOL			HIGH SCHOOL			COLLEGE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo- encephalitis	149	39	188	5	1	6	-	-	-	9	4	13	88	21	109	27	12	39	7	-	7	13	1	14
With other forms of syphilis	14	9	23	-	-	-	-	-	-	1	-	-	4	5	9	5	3	8	1	-	1	3	1	4
With epidemic encephalitis	1	3	4	-	-	-	-	-	-	-	-	-	1	2	3	-	1	1	-	-	-	-	-	
With other infectious dis- eases	7	12	19	-	-	-	-	-	-	2	2	4	3	7	10	-	2	3	-	-	-	1	1	
Alcoholic psychoses	394	67	461	13	5	18	4	-	4	29	4	33	230	37	267	86	15	101	12	2	14	20	4	
Due to drugs, etc.	11	18	29	-	-	-	-	-	-	-	1	1	5	13	18	4	3	7	2	-	-	-	-	
Traumatic psychoses	25	8	33	2	1	3	1	-	1	3	-	-	12	4	16	7	2	9	-	1	1	-	-	
With cerebral arterio- sclerosis	417	393	810	36	30	66	4	5	9	49	40	89	198	195	393	39	62	101	14	7	21	77	54	
With other disturbances of circulation	22	18	40	1	1	2	-	-	-	-	-	-	11	12	23	4	3	7	2	-	2	4	2	
With convulsive disorders (epilepsy)	50	35	85	2	2	4	1	-	1	5	3	8	25	19	44	13	4	17	2	4	6	2	3	
Senile psychoses	133	173	306	10	13	23	1	3	4	21	21	42	66	91	157	10	25	35	5	4	9	20	16	
Involutional psychoses	46	128	174	2	13	15	-	1	1	2	13	15	32	58	90	5	35	40	3	6	9	2	2	
Due to other metabolic diseases, etc.	40	51	91	-	5	5	-	-	1	4	2	6	23	24	47	6	15	21	3	3	6	4	2	
Due to new growth	2	8	10	1	-	1	-	-	1	-	-	-	-	5	5	-	1	1	1	-	-	-	1	
With organic changes of nervous system	57	31	88	3	-	3	-	-	-	9	2	11	31	16	47	5	10	15	4	1	5	5	2	
Psychoneuroses	135	168	303	5	2	7	-	3	3	10	8	18	63	90	153	40	52	92	16	10	26	1	3	
Manic-depressive psy- choses	135	265	400	4	9	13	-	-	-	3	11	14	67	115	182	32	97	129	25	29	54	4	4	
Dementia praecox	389	363	752	4	8	12	1	-	1	19	13	32	206	185	391	132	134	266	20	16	36	7	7	
Paranoia and paranoid conditions	60	63	123	5	-	5	1	1	2	9	4	13	28	29	57	11	17	28	5	9	14	1	3	
With psychopathic per- sonality	36	15	51	1	-	1	-	-	-	3	-	3	21	9	30	11	6	17	-	-	-	-	-	
With mental deficiency	74	58	132	25	18	43	-	1	1	19	12	31	27	26	53	13	-	-	-	-	-	3	1	
Undiagnosed psychoses	40	33	73	-	1	1	-	-	-	1	-	-	22	18	40	13	9	22	2	4	6	2	1	
Without psychoses	492	184	676	25	12	37	1	3	4	33	3	36	263	113	376	125	39	164	34	8	42	11	6	
Primary behavior dis- orders	62	47	109	4	2	6	-	1	1	1	2	3	49	31	80	8	10	18	-	-	-	-	1	
Total With Mental Li order	2,237	1,958	4,195	119	109	228	13	15	28	198	140	338	1,163	981	2,144	451	508	959	124	96	220	169	109	
Total Without Men- tal Disorder	554	231	785	29	14	43	1	4	5	34	5	39	312	144	456	133	49	182	34	8	42	11	7	
Grand Total	2,791	2,189	4,980	148	123	271	14	19	33	232	145	377	1,475	1,125	2,600	584	557	1,141	158	104	262	180	116	

TABLE 200. — Degree of Education of Readmissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex

DIAGNOSTIC GROUPINGS	TOTAL		ILLITERATE		READS ONLY		READS AND WRITES		COMMON SCHOOL		HIGH SCHOOL		COLLEGE		UNKNOWN	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	23	7	1	1	—	—	2	2	17	5	22	2	4	—	1	1
With other forms of syphilis	4	1	—	—	—	—	—	1	1	—	—	3	—	—	—	—
With epidemic encephalitis	2	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Alcoholic psychoses	142	15	8	2	10	—	11	11	90	10	100	29	3	1	3	3
Due to drugs, etc.	6	6	—	—	—	—	—	—	3	2	5	1	3	2	—	—
Traumatic psychoses	4	—	1	—	1	—	—	—	1	—	1	2	1	3	—	—
With cerebral arteriosclerosis	53	53	5	3	8	—	8	3	25	35	60	9	3	1	2	9
With other disturbances of circulation	41	25	1	2	3	—	—	—	29	15	44	2	5	7	—	1
With convulsive disorders (epilepsy)	9	17	—	—	—	—	—	4	5	8	13	1	4	2	1	1
Senile psychoses	10	36	1	4	5	—	—	4	4	16	20	3	11	2	1	—
Involuntary psychoses	4	6	—	—	—	—	—	—	5	4	14	1	5	2	1	—
Due to other metabolic diseases, etc.	11	10	1	3	4	—	1	1	2	2	4	6	1	1	—	—
With organic changes of nervous system	43	59	—	—	—	—	4	2	25	27	52	3	1	—	—	—
Psychoneuroses	136	253	—	10	11	—	7	14	60	113	173	46	95	141	3	3
Manic-depressive psychoses	251	213	2	3	5	—	6	11	134	92	226	80	88	168	5	5
Dementia praecox	24	21	—	—	—	—	1	3	15	12	27	3	6	9	2	2
Paranoia and paranoid conditions	28	29	—	—	—	—	1	1	18	15	33	8	9	17	1	1
With psychopathic personality	41	38	11	6	17	—	9	5	18	23	41	1	1	4	2	2
With mental deficiency	9	5	—	—	—	—	1	2	4	1	5	3	2	5	1	1
Undiagnosed psychoses	187	73	9	4	13	—	13	8	93	36	129	41	18	59	3	4
Without psychoses	9	9	—	1	1	—	—	—	8	6	14	1	2	3	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder	841	797	32	33	65	—	52	50	457	384	841	207	258	465	23	8
Total Without Mental Disorder	196	82	9	5	14	—	13	8	101	42	143	42	20	62	3	1
Grand Total	1,037	879	41	38	79	—	65	58	558	426	984	249	278	527	26	9

TABLE 201. — *Economic Status of First Admissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.		T.	M.		T.	M.		F.	T.	M.		F.	T.	UNKNOWN
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	149	39	188	28	4	32	112	29	141	3	1	4	6	3	9
With other forms of syphilis	14	9	23	4	2	6	9	7	16	1	1	2	—	—	1
With epidemic encephalitis	1	3	4	—	—	—	1	—	1	—	—	—	—	1	1
With other infectious diseases	7	12	19	1	2	3	4	9	13	—	—	—	2	1	3
Alcoholic psychoses	304	67	461	48	10	58	328	51	379	3	2	5	15	4	19
Due to drugs, etc.	11	18	29	3	1	4	7	14	21	1	1	2	—	2	2
Traumatic psychoses	25	8	33	5	1	6	19	7	26	—	—	—	1	—	1
With cerebral arteriosclerosis	417	393	810	151	103	254	201	243	444	22	8	30	43	39	82
With other disturbances of circulation	22	18	40	1	5	6	16	11	27	1	1	2	4	1	5
With convulsive disorders (epilepsy)	50	35	85	20	19	39	27	12	39	1	1	2	2	3	5
Senile psychoses	133	173	306	61	67	128	54	88	142	9	5	14	9	13	22
Involutional psychoses	46	128	174	7	11	18	34	107	141	2	9	11	3	1	4
Due to other metabolic diseases, etc.	40	51	91	1	9	10	32	37	69	2	3	5	5	2	7
Due to new growth	2	8	10	—	1	1	1	6	7	1	1	2	—	—	—
With organic changes of nervous system	57	31	88	15	4	19	38	23	61	2	2	4	2	2	4
Psychoneuroses	135	168	303	11	17	28	109	133	242	13	16	29	2	2	4
Manic-depressive psychoses	135	265	400	9	26	35	97	204	301	23	30	53	6	5	11
Dementia praecox	389	363	752	68	53	121	294	288	582	12	13	25	15	9	24
Paranoia and paranoid conditions	60	63	123	10	6	16	41	45	86	6	11	17	3	1	4
With psychopathic personality	36	15	51	6	1	7	26	12	38	—	—	—	—	—	—
With mental deficiency	74	58	132	32	27	59	38	31	69	1	—	1	3	—	3
Undiagnosed psychoses	40	33	73	1	2	3	37	31	68	1	1	—	1	—	1
Without psychoses	492	184	676	73	34	107	384	138	522	26	7	33	9	5	14
Primary behavior disorders	62	47	109	4	2	6	58	45	103	—	—	—	—	—	—
Total With Mental Disorder	2,237	1,958	4,195	482	371	853	1,525	1,388	2,913	104	107	211	126	92	218
Total Without Mental Disorder	554	231	785	77	36	113	442	183	625	26	7	33	9	5	14
Grand Total	2,791	2,189	4,980	559	407	966	1,967	1,571	3,538	130	114	244	135	97	232

TABLE 202. — *Economic Status of Readmissions to Hospitals for Mental Disorders, 1938, by Diagnoses and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			DEPENDENT			MARGINAL			COMFORTABLE			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	23	7	30	9	1	10	13	6	19	—	—	—	1	—	1
With other forms of syphilis	4	1	5	2	—	2	2	1	3	—	—	—	—	—	—
With epidemic encephalitis	2	1	3	1	—	1	1	1	2	—	—	—	—	—	—
Alcoholic psychoses	142	15	157	21	3	24	116	12	128	3	—	3	2	—	2
Due to drugs, etc.	6	6	12	—	—	—	4	5	11	—	1	1	—	—	—
Traumatic psychoses	4	—	4	—	—	—	4	—	4	—	—	—	—	—	—
With cerebral arteriosclerosis	53	53	106	17	12	29	34	37	71	—	2	2	2	2	4
With other disturbances of circulation	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	41	25	66	12	8	20	29	17	46	—	—	—	—	—	—
Senile psychoses	9	17	26	2	7	9	6	8	14	—	—	—	1	1	2
Involuntary psychoses	10	36	46	—	4	4	10	32	42	—	—	—	—	—	—
Due to other metabolic diseases, etc.	4	6	10	1	1	2	3	5	8	—	—	—	—	—	—
With organic changes of nervous system	11	10	21	5	2	7	5	8	13	1	—	—	—	—	—
Psychoneuroses	43	59	102	6	11	17	35	44	79	1	4	5	1	1	1
Manic-depressive psychoses	136	253	389	18	27	45	99	200	299	14	25	39	5	1	6
Dementia praecox	251	213	464	57	33	90	174	164	338	11	13	24	9	3	12
Paranoia and paranoid conditions	24	21	45	5	2	7	12	15	27	3	3	6	4	1	5
With psychopathic personality	28	29	57	4	4	8	24	22	46	—	—	3	—	—	—
With mental deficiency	41	38	79	16	14	30	24	23	47	—	—	1	1	—	1
Undiagnosed psychoses	9	5	14	—	—	—	9	5	14	—	—	—	—	—	—
Without psychoses	187	73	260	26	8	34	138	60	198	20	4	24	3	1	4
Primary behavior disorders	9	9	18	1	1	2	8	8	16	—	—	—	—	—	—
Total With Mental Disorder	841	797	1,638	176	129	305	606	607	1,213	33	53	86	26	8	34
Total Without Mental Disorder	196	82	278	27	9	36	146	68	214	20	4	24	3	1	4
Grand Total	1,037	879	1,916	203	138	341	752	675	1,427	53	57	110	29	9	38

TABLE 205. — *Number of Times Admitted and Diagnoses of ALL Admissions to Hospitals for Mental Disorders, 1938, by Sex — Concluded*

DIAGNOSTIC GROUPINGS	FIVE		SIX		SEVEN		EIGHT		NINE		TEN AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	—	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis	2	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	1	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	6	1	7	8	1	9	—	—	—	2	—	2
Due to drugs, etc.	—	—	—	—	—	—	—	—	—	1	—	1
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	1	1	2	1	—	—	—	—	—	—	1	1
With convulsive disorders (epilepsy).	6	—	6	—	—	2	—	—	—	—	—	—
Senile psychoses	—	2	2	—	—	—	—	—	—	—	—	—
Involuntional psychoses	1	—	1	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	2	3	5	2	—	2	—	—	—	—	—	—
Manic-depressive psychoses	10	24	34	10	1	1	1	1	—	1	—	1
Dementia praecox	15	34	49	13	23	36	4	4	3	5	6	11
Paranoia and paranoid conditions	2	3	5	3	5	8	2	4	8	2	2	4
With psychopathic personality	2	2	4	—	—	—	—	—	—	—	—	—
With mental deficiency	3	3	6	1	1	2	1	1	—	—	—	—
Undiagnosed psychoses	1	—	1	1	2	3	—	—	—	1	—	1
Without psychoses	6	3	9	4	4	8	5	2	7	3	6	8
Primary behavior disorders.	—	—	—	1	—	—	—	—	—	—	—	—
Total With Mental Disorder	52	52	104	27	24	51	16	18	34	2	3	5
Total Without Mental Disorder.	6	3	9	5	3	8	5	2	7	3	—	3
Grand Total	58	55	113	32	27	59	21	20	41	5	3	8
							9	7	16	18	13	31

TABLE 206. — *Diagnoses of First Admissions, Readmissions and Transfers to Hospitals for Mental Disorders, 1938 by Form of Admission and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			TOTAL						COURT COMMITMENT					
	ALL GROUPS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	205	53	258	149	39	188	23	7	30	127	34	161	21	5	26
With other forms of syphilis	19	11	30	14	9	23	4	1	5	11	7	18	4	1	5
With epidemic encephalitis	3	4	7	1	3	4	2	1	3	1	3	4	2	1	3
With other infectious diseases	7	12	19	7	12	19	—	—	—	5	8	13	—	—	—
Alcoholic psychoses	601	87	688	394	67	461	142	15	157	174	41	215	66	7	73
Due to drugs, etc.	17	25	42	11	18	29	6	6	12	4	8	10	2	1	3
Traumatic psychoses	33	8	41	25	8	33	4	—	4	22	4	26	3	—	3
With cerebral arteriosclerosis	489	451	940	417	393	810	53	53	106	355	339	694	48	48	96
With other disturbances of circulation	22	20	42	22	18	40	—	2	2	14	8	22	—	1	1
With convulsive disorders (epilepsy)	106	64	170	50	35	85	41	25	66	28	17	45	21	13	34
Senile psychoses	145	195	340	133	173	306	9	17	26	121	154	275	7	16	23
Involuntary psychoses	65	178	243	46	128	174	10	36	46	37	107	144	9	33	42
Due to other metabolic diseases, etc.	44	60	104	40	51	91	4	6	10	18	35	53	2	4	6
Due to new growth	2	8	10	2	8	10	—	—	—	2	4	6	—	—	—
With organic changes of nervous system	77	41	118	57	31	88	11	10	21	44	22	66	9	4	13
Psychoneuroses	189	231	420	135	168	303	43	59	102	37	58	95	20	27	47
Manic-depressive psychoses	313	556	869	135	265	400	136	253	389	101	196	297	113	209	322
Dementia praecox	859	682	1,541	389	363	752	251	213	464	349	320	669	228	194	422
Paranoia and paranoid conditions	100	106	206	60	63	123	24	21	45	49	37	86	19	19	38
With psychopathic personality	70	51	121	36	15	51	28	29	57	26	11	37	24	24	48
With mental deficiency	142	120	262	74	58	132	41	38	79	64	53	117	37	36	73
Undiagnosed psychoses	49	38	87	40	33	73	9	5	14	6	7	13	1	—	1
Without psychoses	685	259	944	492	184	676	187	73	260	20	15	35	19	7	26
Primary behavior disorders	71	56	127	62	47	109	9	9	18	—	1	1	—	—	—
Total With Mental Disorder	3,557	3,001	6,558	2,237	1,958	4,195	841	797	1,638	1,593	1,473	3,066	636	643	1,279
Total Without Mental Disorder	756	315	1,071	554	231	785	196	82	278	20	16	36	19	7	26
Grand Total	4,313	3,316	7,629	2,791	2,189	4,980	1,037	879	1,916	1,613	1,489	3,102	655	650	1,305

TABLE 207. — *Diagnoses of First Admissions, Readmissions and Transfers Discharged from Hospitals for Mental Disorders, 1938, by Form of Admission and Sex — Concluded*

	TEMPORARY CARE						OBSERVATION						VOLUNTARY						TRANSFERS		
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
With syphilitic meningo-encephalitis	9	4	13	1	1	2	1	—	1	—	1	1	7	1	8	1	—	1	30	4	34
With other forms of syphilis	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
With other infectious diseases	152	21	173	57	7	64	52	5	57	12	1	13	7	—	7	4	—	4	64	3	67
Alcoholic psychoses	5	6	11	3	3	6	4	4	8	1	2	3	—	1	1	—	—	—	—	—	—
Due to drugs, etc.	2	2	4	2	1	3	2	1	3	1	1	1	—	—	—	—	—	—	—	—	—
Traumatic psychoses	25	28	53	2	3	5	6	12	18	2	2	2	2	—	2	—	—	—	3	—	3
With cerebral arteriosclerosis	3	3	6	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	14	5	19
With other disturbances of circulation	9	4	13	14	4	18	1	1	1	1	2	1	1	1	4	15	9	3	14	3	17
With convulsive disorders (epilepsy)	4	6	10	1	1	2	1	2	1	1	2	—	—	1	1	1	—	—	2	4	6
Senile psychoses	4	10	14	1	2	2	1	4	5	1	1	1	—	—	—	1	1	1	8	7	15
Involutional psychoses	7	9	16	1	1	2	5	—	5	1	1	2	—	—	2	2	—	—	1	2	3
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	7	5	12	1	1	5	1	5	6	1	1	2	1	—	1	—	—	—	10	3	13
Psychoneuroses	63	72	135	15	17	32	22	23	45	4	8	12	13	11	24	5	8	13	14	2	16
Manic-depressive psychoses	16	51	67	9	21	30	8	12	20	4	5	9	8	5	13	5	16	25	46	27	73
Dementia praecox	29	29	58	15	12	27	9	6	15	7	3	10	—	1	1	3	2	5	194	97	291
Paranoia and paranoid conditions	8	22	30	3	1	4	3	—	9	2	—	2	—	—	3	3	—	—	23	19	42
With psychopathic personality	1	3	4	1	3	4	9	—	9	3	1	4	—	—	—	—	—	—	31	25	56
With mental deficiency	3	3	11	3	1	4	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	31	23	54	7	5	12	1	1	2	—	—	—	—	1	1	—	—	—	1	—	1
Without psychoses	162	99	261	47	29	76	278	66	344	80	28	108	27	5	32	32	6	38	4	1	5
Primary behavior disorders	27	31	58	3	4	7	34	15	49	7	4	11	—	—	1	1	—	—	—	—	—
Total With Mental Disorder	383	306	689	133	87	220	129	73	202	37	27	64	50	32	82	27	31	58	463	210	673
Total Without Mental Disorder	189	130	319	50	33	83	312	81	393	87	32	119	27	6	33	32	6	38	4	1	5
Grand Total	572	436	1,008	183	120	303	441	154	595	124	59	183	77	38	115	59	37	96	467	211	678

TABLE 208. — *Diagnoses of First Admissions Discharged from Hospitals for Mental Disorders, 1938, by Age at Discharge and Sex*

DIAGNOSTIC GROUPINGS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	56	19	75	1	—	—	2	—	1	—	5	—	11	2	15	6	6	4
With other forms of syphilis	7	5	12	—	—	—	—	—	1	—	1	—	—	—	2	1	2	—
With epidemic encephalitis	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	6	4	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	333	45	378	—	—	—	7	2	27	4	49	10	55	6	61	5	51	5
Due to drugs, etc.	13	14	27	—	—	—	—	—	—	—	—	—	—	—	—	—	3	6
Traumatic psychoses	12	4	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	120	99	219	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	8	15	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	30	16	46	2	1	5	4	5	4	2	1	1	2	2	2	2	2	4
Senile psychoses	14	32	46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involutional psychoses	27	66	93	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	19	32	51	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	20	17	37	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	119	139	258	2	1	3	17	8	3	18	25	35	16	18	34	19	18	7
Manic-depressive psychoses	158	218	376	—	—	—	21	26	16	32	48	15	23	38	19	23	37	15
Dementia praecox	204	233	437	—	—	—	40	36	40	50	90	40	33	73	25	37	62	48
Paranoia and paranoid conditions	31	47	78	—	—	—	8	3	8	3	6	5	8	13	6	7	13	10
With psychopathic personality	26	17	43	—	—	—	7	2	4	4	2	1	2	5	4	2	3	4
With mental deficiency	37	21	58	—	—	—	7	2	8	10	5	3	5	8	5	2	1	2
Undiagnosed psychoses	34	27	61	2	—	—	5	3	4	2	6	4	10	3	5	1	5	6
Without psychoses	485	181	666	16	7	23	49	23	62	71	45	17	62	70	51	17	68	41
Primary behavior disorders	61	47	108	16	8	24	50	22	81	9	3	—	4	3	—	1	20	61
Total With Mental Disorder	1,276	1,073	2,349	8	4	12	110	89	130	131	145	113	162	113	152	105	117	112
Total Without Mental Disorder	546	228	774	32	15	47	61	29	63	11	48	17	74	32	51	18	69	22
Grand Total	1,822	1,301	3,123	40	19	59	171	118	193	142	193	130	236	145	203	123	162	296

TABLE 208. — *Diagnoses of First Admissions Discharged from Hospitals for Mental Disorders, 1938, by Age at Discharge and Sex — Conclusion*

DIAGNOSTIC GROUPINGS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	5	7	6	6	4	4	—	—	—	—	—	—	—	—	—	—	—	—
With other forms of syphilis	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	31	2	28	4	7	4	12	2	4	1	1	—	—	—	—	—	—	—
Due to drugs, etc.	1	2	3	1	2	—	1	—	1	—	—	—	—	—	—	—	—	—
Traumatic psychoses	1	—	1	1	2	2	1	—	1	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	4	5	11	9	20	21	31	19	27	21	18	12	6	10	1	1	1	1
With other disturbances of circulation	1	2	3	1	2	2	1	—	3	3	1	1	—	—	—	—	—	—
With convulsive disorders (epilepsy)	1	—	—	—	—	1	—	—	1	—	2	12	3	6	3	—	—	—
Senile psychoses	—	1	—	—	—	1	—	—	3	8	11	2	—	—	—	—	—	—
Involuntary psychoses	3	20	10	11	21	8	7	1	1	1	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	1	4	1	3	2	1	1	1	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	1	2	3	3	2	—	—	—	2	—	—	—	—	—	—	—	—	—
Psychoneuroses	13	12	10	5	15	2	3	5	2	2	—	—	—	—	—	—	—	—
Manic-depressive psychoses	16	11	14	15	29	15	10	25	2	4	1	2	—	1	—	—	—	—
Dementia praecox	10	12	4	8	12	4	4	1	1	1	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	4	6	4	4	8	4	5	9	—	—	—	—	—	1	—	—	—	—
With psychopathic personality	2	2	2	2	2	1	1	2	—	—	—	—	—	—	—	—	—	—
With mental deficiency	2	4	2	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	6	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	41	10	4	9	23	14	8	22	7	2	4	3	1	—	1	—	1	1
Primary behavior disorders	—	51	13	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder	95	95	103	68	171	68	68	136	55	41	24	27	9	15	4	—	2	1
Total Without Mental Disorder	41	10	17	9	26	15	8	23	7	2	4	3	1	—	1	—	—	1
Grand Total.	136	105	120	77	197	83	76	159	66	45	28	30	10	15	5	—	2	2

TABLE 209. — *Diagnoses of Readmissions Discharged from Hospitals for Mental Disorders, 1938, by Age at Discharge and Sex*

DIAGNOSTIC GROUPINGS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS			
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	19	7	26					1	1	1				3		5		8	1	8
With other forms of syphilis	1	1	2																	
With epidemic encephalitis	3	4					1	1	1	1		1						24	3	27
Alcoholic psychoses	133	18	151						7	7	23	3	26	10	1	27	2	29		
Due to drugs, etc.	6	7	13						1	1	2	1	3	4	4	2	2	2	1	1
Traumatic psychoses	5	5												2	2	1		1		1
With cerebral arteriosclerosis	17	22	39																	
With other disturbances of circulation	1	2	3																	
With convulsive disorders (epilepsy)	31	12	43			2	2	4	6	4	8	5	1	6	5	1	6	2		2
Senile psychoses	4	5	9												5	3	8			
Involutional psychoses	3	20	23													3			7	
Due to other metabolic diseases, etc.	2	5	7					1	1	2		2	2			1	1	1		1
Due to new growth	1	1																		
With organic changes of nervous system	5	7	12							1	1	1	2	3	1		1	1	2	3
Psychoneuroses	45	57	102			1	2	3	4	3	9	6	15	9	7	6	8	14	5	9
Manic-depressive psychoses	127	228	355			4	5	9	7	17	18	35	9	26	35	18	38	56	19	42
Dementia praecox	158	137	295			1	1	2	23	26	20	46	20	40	25	16	41	35	19	38
Paranoia and paranoid conditions	13	13	26										4	6	2	3	4	1	2	6
With psychopathic personality	25	22	47			1	1	2	3	6	6	4	2	6	3	6	5	3	2	4
With mental deficiency	25	24	49					4	5	5	10	4	4	4	4	1	1	2	4	6
Undeveloped psychoses	7	5	12					3	1	2	3			1	1	1	2	4	2	1
Without psychoses	175	70	245			11	5	16	12	9	21	17	8	38	26	13	39	13	4	17
Primary behavior disorders	10	8	18			3	3	6	2	1	3						29	10	39	1
Total With Mental Disorder	631	593	1,224	1	2	21	15	36	54	33	87	68	65	133	70	71	141	86	73	159
Total Without Mental Disorder	185	78	263	4		14	8	22	14	10	24	28	13	41	17	8	25	26	13	39
Grand Total	816	671	1,487	5	1	35	23	58	68	43	111	96	78	174	87	79	166	112	86	198
																		105	69	174

TABLE 209. — *Diagnoses of Readmissions Discharged from Hospitals for Mental Disorders, 1938, by Age at Discharge and Sex — Concluded*

DIAGNOSTIC GROUPINGS																	
50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		90 YEARS AND OVER			
M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.		
—	2	—	1	2	3	—	5	—	—	—	—	—	—	—	—		
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
16	2	15	4	3	1	4	2	3	—	—	—	—	—	—	—		
1	1	1	1	—	—	—	—	1	1	—	—	—	—	—	—		
1	1	3	3	2	6	8	12	4	3	7	1	1	—	—	—		
1	1	2	—	1	1	2	—	1	1	—	—	—	—	—	—		
1	1	2	—	—	—	—	—	1	2	3	1	2	1	1	—		
3	1	4	5	1	3	3	—	1	1	—	—	—	—	—	—		
1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—		
1	1	1	—	—	—	—	—	1	1	—	—	—	—	—	—		
9	6	15	3	1	1	1	3	4	—	—	—	—	—	—	—		
6	23	29	9	24	33	7	11	18	5	7	12	2	2	—	—		
6	14	20	5	9	14	2	7	9	1	3	3	—	—	—	—		
1	3	3	4	4	8	1	2	3	—	—	—	—	—	—	—		
2	2	4	1	1	2	1	2	3	—	—	—	—	—	—	—		
1	1	1	1	1	1	1	—	—	—	—	—	—	—	—	—		
11	2	13	11	2	13	8	3	11	9	1	10	1	1	—	—		
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
49	58	107	37	56	93	22	36	58	20	22	42	14	16	30	—		
11	2	13	11	2	13	8	3	11	9	1	10	—	—	—	—		
60	60	120	48	58	106	30	39	69	29	23	52	14	16	30	—		
Total With Mental Disorder		Total Without Mental Disorder															
Grand Total																	

Note: There were no cases in the age group 85-89 Years.

TABLE 210. — Diagnoses of First Admissions Discharged from Hospitals for Mental Disorders, 1938, by Age at Admission and Sex

DIAGNOSTIC GROUPINGS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS			
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	56	19	1	—	1	1	—	1	3	—	3	4	2	6	14	5	19	6	6	12
With other forms of syphilis	7	5	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—	—
With epidemic encephalitis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	6	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	333	45	—	—	—	—	—	—	30	5	35	54	9	63	61	5	66	50	5	55
Due to drugs, etc.	13	14	—	—	—	—	—	—	2	2	4	1	3	4	4	1	2	3	3	6
Traumatic psychoses	12	4	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	1	—	—
With cerebral arteriosclerosis	120	99	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	8	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	30	16	4	2	6	4	2	6	5	1	6	2	—	2	2	4	6	3	—	—
Senile psychoses	14	32	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involuntary psychoses	27	66	93	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	19	32	51	—	—	—	—	—	—	—	—	6	3	9	1	9	10	3	23	26
Due to new growth.	1	2	37	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
With organic changes of nervous system	20	17	3	—	—	—	—	—	—	—	—	2	1	3	3	1	4	—	4	5
Psychoneuroses	119	139	258	2	1	3	16	19	17	10	27	11	35	15	20	35	16	16	35	7
Manic-depressive psychoses	158	218	376	1	1	2	13	20	33	29	46	20	40	25	40	15	25	40	20	43
Dementia praecox	204	233	437	—	1	1	33	25	43	34	77	34	33	67	22	35	35	9	19	28
Paranoia and paranoid conditions	31	47	78	—	—	—	—	—	—	—	—	3	4	7	5	6	11	4	10	14
With psychopathic personality	26	17	43	—	—	—	5	1	6	2	8	5	5	3	8	4	1	4	1	1
With mental deficiency	37	21	58	—	—	—	10	5	15	7	3	10	8	4	2	6	3	1	—	—
Undiagnosed psychoses	34	27	61	2	2	5	3	2	5	3	8	6	4	10	3	5	8	5	1	6
Without psychoses	485	181	666	16	7	23	49	23	72	59	22	81	62	9	71	45	17	62	41	20
Primary behavior disorders	61	47	108	16	8	24	26	24	50	2	7	3	—	6	73	30	103	49	16	65
Total With Mental Disorder	1,276	1,073	2,349	11	6	17	74	73	147	107	95	202	152	109	261	148	116	264	115	111
Total Without Mental Disorder	546	228	774	32	15	47	75	47	122	61	29	90	48	17	65	77	33	110	45	22
Grand Total	1,822	1,301	3,123	43	21	64	149	120	269	168	124	292	200	126	326	225	149	374	160	133

TABLE 210. — *Diagnoses of First Admissions Discharged from Hospitals for Mental Disorders, 1938, by Age at Admission and Sex — Concluded*

[illegible]

TABLE 211. — *Diagnoses of Readmissions Discharged from Hospitals for Mental Disorders, 1938, by Age at Admission and Sex*

DIAGNOSTIC GROUPINGS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.
With syphilitic meningo-encephalitis.	19	7 26	-	-	-	-	1	-	-	1 1	-	-	5	-	7	-	4	-
With other forms of syphilis	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	3	1 4	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-
Alcoholic psychoses	133	18 151	-	-	-	-	-	-	7	-	24	3 27	11	1 12	27	3 30	29	3 32
Due to drugs, etc.	6	7 13	-	-	-	-	-	-	1	2	1	2	4	-	2	2	2	-
Traumatic psychoses	5	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1
With cerebral arteriosclerosis	17	22 39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
With other disturbances of circulation	1	2 3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
With convulsive disorders (epilepsy)	31	12 43	-	-	3	2 5	6	1 7	3	4 7	9	- 9	2	1 3	5	3 8	2	-
Senile psychoses	4	5 9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
Involuntary psychoses	3	20 23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Due to other metabolic diseases, etc..	2	5 7	-	-	-	-	1	1 2	-	-	-	-	-	-	-	-	-	-
Due to new growth	1	7 12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	5	7 12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychoneuroses	45	57 102	-	-	2	2 4	3	9 12	4	7 11	5	10 15	9	6 15	6	9 15	1	2 3
Manic-depressive psychoses.	127	228 355	-	-	6	7 13	9	9 18	19	22 41	7	31 38	22	34 56	12	37 49	17	17 34
Dementia praecox	158	137 295	2	-	11	7 18	29	17 46	25	17 42	30	20 50	23	22 45	14	18 32	16	15 31
Paranoia and paranoid conditions	13	13 26	-	-	-	-	-	-	-	-	-	-	2	2 4	2	4 6	4	3 7
With psychopathic personality	25	22 47	-	-	1	1 2	3	3 6	6	5 11	4	2 6	4	5 9	6	1 7	-	2 6
With mental deficiency	25	24 49	-	-	5	4 9	5	2 7	2	4 6	-	-	4	4 8	2	1 3	4	2 6
Undiagnosed psychoses	27	5 12	-	-	-	-	3	1 4	1	2 3	-	-	1	1 2	-	-	1	-
Without psychoses	175	70 245	1	-	12	5 17	11	9 20	27	11 38	18	8 26	25	14 39	29	9 38	15	4 19
Primary behavior disorders	10	8 18	3	-	3	3 6	2	1 3	1	2 3	-	-	-	-	-	-	-	-
Total With Mental Disorder	631	593 1,224	3	1 4	29	23 52	61	43 104	69	64 133	81	76 157	90	76 166	83	82 165	86	56 142
Total Without Mental Disorder.	185	78 263	4	- 4	15	8 23	13	10 23	28	13 41	18	8 26	25	14 39	30	11 41	15	4 19
Grand Total	816	671 1,487	7	1 8	44	31 75	74	53 127	97	77 174	99	84 183	115	90 205	113	93 206	101	60 161

TABLE 211. — *Diagnoses of Readmissions Discharged from Hospitals for Mental Disorders, 1938, by Age at Admission and Sex — Concluded*

DIAGNOSTIC GROUPINGS																								
	50-54 YEARS			55-59 YEARS			60-64 YEARS			65-69 YEARS			70-74 YEARS			75-79 YEARS			80-84 YEARS			90 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	3	1	4	2	3	5	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
With other forms of syphilis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
With epidemic encephalitis	14	2	16	11	5	16	5	1	6	5	1	6	5	1	6	5	1	6	5	1	6	5	1	6
Alcoholic psychoses	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Due to drugs, etc.	1	3	4	4	3	7	1	6	7	5	6	11	3	3	6	2	2	4	1	1	2	1	1	2
Traumatic psychoses	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
With cerebral arteriosclerosis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
With other disturbances of circulation	3	3	6	1	6	7	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
With convulsive disorders (epilepsy)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Senile psychoses	3	3	6	1	6	7	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Involitional psychoses	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Due to other metabolic diseases, etc.	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Due to new growth	8	5	13	4	4	8	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
With organic changes of nervous system	10	33	43	8	16	24	6	10	16	8	5	13	3	5	8	2	2	4	1	1	2	1	1	2
Psychoneuroses	6	11	17	3	5	8	2	4	6	2	4	6	2	4	6	1	1	2	1	1	2	1	1	2
Manic-depressive psychoses	1	3	4	3	2	5	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Dementia praecox	1	3	4	3	2	5	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Paranoia and paranoid conditions	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
With psychopathic personality	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
With mental deficiency	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Undiagnosed psychoses	9	2	11	12	2	14	7	3	10	9	1	10	1	1	2	1	1	2	1	1	2	1	1	2
Without psychoses	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Primary behavior disorders	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Total Without Mental Disorder	48	69	117	29	46	75	21	26	47	19	16	35	7	10	17	3	4	7	1	1	2	1	1	2
Total With Mental Disorder	9	2	11	12	2	14	7	3	10	9	1	10	1	1	2	1	1	2	1	1	2	1	1	2
Grand Total.	57	71	128	41	48	89	28	29	57	28	17	45	7	10	17	3	5	8	1	2	3	1	1	2

Note: There were no cases in the age group 85-89 Years.

TABLE 212. — *Diagnoses of First Admissions Discharged from Hospitals for Mental Disorders, 1938, by Condition on Discharge and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			RECOVERED			IMPROVED			UNIMPROVED			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	56	19	75	2	4	6	40	12	52	14	3	17	—	—	—
With other forms of syphilis	7	5	12	1	—	1	6	3	9	—	2	2	—	—	—
With epidemic encephalitis	1	1	2	—	1	1	1	—	1	—	—	—	—	—	—
With other infectious diseases	6	4	10	5	4	9	1	—	1	—	—	—	—	—	—
Alcoholic psychoses	333	45	378	155	20	175	158	23	181	20	2	22	—	—	—
Due to drugs, etc.	13	14	27	7	6	13	6	7	13	1	1	1	—	—	—
Traumatic psychoses	12	4	16	4	—	4	7	2	9	—	2	3	—	—	—
With cerebral arteriosclerosis	120	99	219	17	10	27	66	49	115	37	40	77	—	—	—
With other disturbances of circulation	8	15	23	2	4	6	5	10	15	1	1	2	—	—	—
With convulsive disorders (epilepsy).	30	16	46	3	4	7	7	5	12	20	7	27	—	—	—
Senile psychoses	14	32	46	—	—	1	6	16	22	8	15	23	—	—	—
Involuntal psychoses	27	66	93	7	15	22	15	39	54	5	12	17	—	—	—
Due to other metabolic diseases, etc.	19	32	51	8	17	25	8	18	26	2	6	8	—	—	—
Due to new growth	1	2	3	—	1	1	1	—	1	—	1	1	—	—	—
With organic changes of nervous system	20	17	37	—	—	1	10	9	19	10	7	17	—	—	—
Psychonuroses	119	139	258	29	24	53	61	95	156	29	20	49	—	—	—
Manic-depressive psychoses	158	218	376	60	60	120	90	120	210	8	29	37	—	—	—
Dementia praecox.	204	233	437	24	20	44	138	163	301	42	50	92	—	—	—
Paranoia and paranoid conditions	31	47	78	5	2	7	14	20	34	12	25	37	—	—	—
With psychopathic personality	26	17	43	16	5	21	6	10	16	4	3	7	—	—	—
With mental deficiency	37	21	58	16	8	24	12	10	22	28	30	58	—	—	—
Undiagnosed psychoses	34	27	61	1	1	2	5	7	12	2	2	4	—	—	—
Without psychoses	485	181	666	—	—	—	—	—	—	—	—	—	485	181	666
Primary behavior disorders.	61	47	108	2	—	2	31	23	54	28	24	52	—	—	—
Total With Mental Disorder	1,276	1,073	2,349	363	207	570	663	618	1,281	250	248	498	—	—	—
Total Without Mental Disorder.	546	228	774	2	—	2	31	23	54	28	24	52	485	181	666
Grand Total	1,822	1,301	3,123	365	207	572	694	641	1,335	278	272	550	485	181	666

TABLE 213. — *Diagnoses of Readmissions Discharged from Hospitals for Mental Disorders, 1938, by Condition on Discharge and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			RECOVERED			IMPROVED			UNIMPROVED			WITHOUT PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	19	7	26	1	—	1	16	2	18	2	5	7	—	—	—
With other forms of syphilis	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—
With epidemic encephalitis	3	1	4	—	—	—	3	1	4	—	—	—	—	—	—
Alcoholic psychoses	133	18	151	61	5	66	67	13	80	5	—	5	—	—	—
Due to drugs, etc.	5	7	13	3	4	7	3	2	5	2	1	1	—	—	—
Traumatic psychoses	6	—	6	1	—	1	2	—	2	2	—	2	—	—	—
With cerebral arteriosclerosis	17	22	39	3	3	6	8	13	21	6	6	12	—	—	—
With other disturbances of circulation	1	2	3	—	—	—	1	2	3	—	—	—	—	—	—
With convulsive disorders (epilepsy).	31	12	43	3	1	4	11	5	16	17	6	23	—	—	—
Senile psychoses	4	5	9	—	—	—	2	4	6	2	1	3	—	—	—
Involuntary psychoses.	3	20	23	1	3	4	1	13	14	1	4	5	—	—	—
Due to other metabolic diseases, etc.	2	5	7	1	2	3	—	2	2	1	1	2	—	—	—
Due to new growth	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system.	5	7	12	1	—	1	1	—	1	1	—	—	—	—	—
Psychoneuroses	45	57	102	11	7	18	27	39	66	7	3	10	—	—	—
Manic-depressive psychoses	127	228	355	48	71	119	69	139	208	10	18	28	—	—	—
Dementia praecox.	158	137	295	10	6	16	116	101	217	32	30	62	—	—	—
Paranoia and paranoid conditions	13	13	26	1	1	2	6	9	15	5	3	8	—	—	—
With psychopathic personality	25	22	47	12	9	21	9	10	19	4	3	7	—	—	—
With mental deficiency	25	24	49	12	8	20	3	14	23	4	4	8	—	—	—
Undiagnosed psychoses	7	5	12	—	—	—	3	1	4	4	4	8	—	—	—
Without psychoses	175	70	245	—	—	—	—	—	—	—	—	—	175	70	245
Primary behavior disorders.	10	8	18	—	—	—	5	5	10	—	—	—	—	—	—
Total With Mental Disorder	631	593	1,224	170	120	290	358	374	732	103	99	202	175	70	245
Total Without Mental Disorder.	185	78	263	—	—	—	5	5	10	5	3	8	—	—	—
Grand Total	816	671	1,487	170	120	290	363	379	742	108	102	210	175	70	245

TABLE 214. — Age at Discharge of First Admissions Discharged from Hospitals for Mental Disorders, 1938, by Hospital and Sex

HOSPITALS	TOTAL			0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Boston State	209	210	419	1	2	3	6	19	16	9	25	16	32	48	23	17	40	15	26	41	18	20	38	
B. Psychopathic	554	367	921	28	14	56	65	121	56	34	90	73	38	111	81	49	130	55	30	85	44	42	86	
Danvers	196	162	358	2	2	14	10	24	19	15	34	19	16	35	21	19	40	30	13	43	17	17	34	
Foxborough	54	52	106	2	2	4	4	6	2	4	6	5	7	12	10	4	14	5	5	10	5	4	9	
Gardner	34	21	55	—	—	1	1	2	4	2	4	3	1	4	3	1	3	3	1	3	4	1	2	
Grafton	17	8	25	1	1	2	2	4	2	2	4	2	2	4	2	1	3	2	2	4	1	1	2	
Medfield	40	31	71	—	—	2	2	4	6	5	11	2	1	3	10	5	15	5	2	5	2	1	7	
Metropolitan	157	2	159	—	—	7	3	10	11	15	26	10	11	21	22	9	31	25	16	41	17	17	34	
Northampton	111	83	194	2	2	5	5	10	9	8	17	10	11	21	11	13	24	9	7	16	13	1	14	
Taunton	112	81	193	—	—	9	2	11	9	7	16	13	11	24	15	16	31	8	7	13	15	7	22	
Westborough	169	97	266	1	1	10	2	12	14	13	27	16	16	32	21	11	32	21	8	29	9	7	16	
Worcester	15	6	21	—	—	3	1	4	2	2	4	2	2	4	3	3	3	3	3	3	1	1	1	
Monson	82	70	152	2	2	1	1	2	9	5	14	11	11	22	5	3	8	4	9	13	9	7	16	
McLean	46	1	47	—	—	1	1	2	11	11	22	6	10	16	6	6	10	6	10	10	5	1	—	
Bridgewater	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tewksbury	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Vets. Adm. Fac.	20	—	20	—	—	—	—	—	—	—	—	—	—	—	6	—	6	4	4	—	9	—	9	
No. 107	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	1,822	1,301	3,123	40	19	59	125	100	225	171	118	289	193	142	335	193	130	323	236	145	381	203	123	326
HOSPITALS																								
Boston State	13	12	25	15	12	27	17	23	40	18	15	33	20	18	38	9	11	20	9	9	1	1	1	2
Boston Psychopathic	38	30	68	37	12	49	49	19	55	6	5	11	6	5	11	3	7	10	5	2	7	—	—	—
Danvers	18	15	33	8	11	19	8	12	20	8	5	13	2	1	3	—	—	—	—	—	—	—	—	—
Foxborough	5	4	9	2	4	6	4	5	9	4	7	11	1	1	2	—	—	—	—	—	—	—	—	—
Gardner	6	4	10	3	3	6	4	4	8	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—
Grafton	1	1	2	1	1	2	1	2	3	1	2	2	1	1	2	—	—	—	—	—	—	—	—	—
Medfield	1	3	4	1	1	2	2	4	3	7	7	2	2	4	6	3	2	5	1	2	3	1	1	1
Metropolitan	11	7	18	13	10	23	14	7	14	5	11	11	4	3	7	1	1	2	1	1	2	1	1	1
Northampton	15	10	25	12	4	16	7	2	9	2	2	4	2	4	6	3	2	3	1	2	3	1	1	1
Taunton	7	4	11	6	7	13	6	2	8	2	2	4	2	4	6	4	4	8	3	1	3	1	1	1
Westborough	10	8	18	14	6	20	8	7	15	13	4	17	10	1	11	1	1	1	1	1	1	1	1	1
Worcester	1	1	2	9	7	16	5	3	8	3	4	7	2	3	5	4	1	5	—	—	—	—	—	—
Monson	9	7	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
McLean	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tewksbury	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 107	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	136	105	241	120	77	197	83	76	159	66	45	111	49	40	89	28	30	58	10	15	25	5	5	2
HOSPITALS																								
Boston State	2	—	2	2	—	—	2	—	—	2	—	—	2	—	—	2	—	—	2	—	—	—	—	—
Boston Psychopathic	1	—	1	1	—	—	1	—	—	1	—	—	1	—	—	1	—	—	1	—	—	—	—	—
Danvers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Foxborough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gardner	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grafton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Medfield	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Metropolitan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Northampton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Taunton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Westborough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Worcester	—	—	—	—	—	—	—	—	—	—	—	—	—	—										

TABLE 215. — Age at Discharge of Readmissions Discharged from Hospitals for Mental Disorders, 1938, by Hospital and Sex

HOSPITALS		TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	.	113	122	235	7	2	9	13	4	17	15	9	24	10	18	28	16	13	29
Boston Psychopathic	.	142	116	258	10	9	19	10	14	24	15	20	33	16	16	32	34	18	52
Danvers	.	103	77	180	4	3	7	13	6	19	11	9	20	17	9	26	8	9	17
Foxborough	.	18	24	42	1	—	—	—	2	2	3	2	5	2	2	4	—	4	6
Gardner	.	17	25	42	—	—	1	1	2	3	2	4	6	3	4	7	—	3	7
Gratton	.	10	8	18	—	—	1	2	3	3	1	3	1	1	2	3	—	1	4
Medfield	.	25	33	58	1	1	2	2	3	5	4	4	7	3	4	6	4	3	1
Metropolitan	.	11	20	31	—	1	1	1	—	1	1	3	4	2	1	3	3	7	6
Northampton	.	43	47	90	2	—	2	3	1	6	4	6	12	8	4	4	7	8	13
Taunton	.	47	30	77	1	2	3	3	1	4	6	3	9	4	7	11	5	6	11
Westborough	.	44	51	95	—	1	1	2	1	3	6	3	9	4	7	14	6	15	20
Worcester	.	100	77	177	5	3	8	3	5	8	11	11	22	8	6	14	9	11	20
Monson	.	10	4	14	—	1	3	3	—	1	—	1	4	1	1	1	1	1	1
McLean	.	44	37	81	1	2	3	9	3	12	6	3	9	6	5	11	2	6	8
Bridgewater	.	22	22	40	—	—	—	—	1	—	10	—	4	—	—	4	—	1	3
Veterans' Adm. Facility No. 107	.	40	—	40	—	—	—	—	—	—	1	—	—	1	—	—	16	—	2
Veterans' Adm. Facility No. 95	.	27	—	27	—	—	—	—	—	—	—	—	—	5	—	—	13	—	5
Total	.	816	671	1,487	5	1	6	35	23	58	68	43	111	96	78	174	121	89	210
HOSPITALS		50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		90 YEARS AND OVER			
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	.	6	11	17	7	12	19	7	13	20	5	7	12	4	6	10	1	1	1
Boston Psychopathic	.	7	7	14	6	3	9	2	2	4	1	1	1	2	—	—	—	—	—
Danvers	.	6	6	12	7	9	16	8	5	13	5	5	2	7	—	2	—	—	—
Foxborough	.	—	3	3	2	4	6	1	1	2	—	3	3	—	—	—	—	—	—
Gardner	.	2	1	3	1	3	4	1	1	2	4	—	4	—	1	1	—	—	—
Gratton	.	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Medfield	.	3	5	8	3	—	3	—	—	4	4	—	—	1	1	2	1	1	1
Metropolitan	.	1	3	4	3	6	9	2	1	4	—	—	—	1	1	3	—	—	—
Northampton	.	3	5	8	2	2	4	1	2	3	3	3	6	1	2	3	—	—	—
Taunton	.	5	1	6	7	9	16	2	2	4	7	3	4	2	2	4	—	—	—
Westborough	.	14	8	22	10	7	17	3	4	7	7	5	12	2	2	4	—	—	—
Worcester	.	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monson	.	1	1	2	—	—	3	—	2	1	—	1	—	—	—	—	—	—	—
McLean	.	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bridgewater	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 107	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	.	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	.	60	60	120	48	58	106	30	39	69	29	23	52	14	16	30	2	2	4
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NOTE: There were no cases in the age group 85-89 Years.

TABLE 216. — *Length of Hospital Stay during THIS Admission of First Admissions Discharged from Hospitals for Mental Disorders, 1933, by Age at Admission and Sex*

[illegible]

TABLE 218. — *Diagnoses of First Admissions and Readmissions who Died in Hospitals for Mental Disorders, 1938,*
by Form of Admission and Sex

DIAGNOSTIC GROUPINGS	ALL GROUPS						COURT COMMITMENT					
	TOTAL			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	65	16	81	56	14	70	9	2	11	52	14	66
With other forms of syphilis	6	4	10	5	4	9	1	—	1	4	4	8
With epidemic encephalitis	5	1	6	3	1	4	2	—	2	3	1	4
With other infectious diseases	3	2	5	2	2	4	1	—	1	—	1	1
Alcoholic psychoses	74	16	90	48	6	54	26	10	36	39	5	44
Due to drugs, etc.	1	3	4	1	2	3	—	1	2	1	2	3
Traumatic psychoses	3	1	4	1	1	2	2	—	2	1	—	1
With cerebral arteriosclerosis	287	258	545	252	1	488	35	22	57	226	221	447
With other disturbances of circulation	11	12	23	10	11	21	1	1	2	6	7	13
With convulsive disorders (epilepsy).	30	25	55	19	9	28	11	16	27	6	4	10
Senile psychoses	92	151	243	81	134	215	11	17	28	74	121	195
Involuntary psychoses.	27	35	62	21	27	48	6	8	14	17	22	39
Due to other metabolic diseases, etc.	17	19	36	16	18	34	1	1	2	7	14	21
Due to new growth	4	5	9	2	4	6	2	1	3	2	2	4
With organic changes of nervous system	27	12	39	23	9	32	4	3	7	19	7	26
Psychoneuroses	6	7	13	5	5	10	1	2	3	5	5	10
Manic-depressive psychoses	39	68	107	14	27	41	25	41	66	13	27	40
Dementia praecox.	123	160	283	54	58	112	69	102	171	53	57	110
Paranoia and paranoid conditions	11	10	21	7	7	14	4	3	7	5	7	12
With psychopathic personality	2	3	5	1	1	2	1	3	4	1	—	1
With mental deficiency	28	22	50	14	10	24	14	12	26	14	10	24
Undiagnosed psychoses	5	1	6	5	1	6	—	—	—	2	1	3
Without psychoses	7	—	7	6	—	6	1	—	1	3	—	3
Total With Mental Disorder	866	831	1,697	640	586	1,226	226	245	471	550	532	1,082
Total Without Mental Disorder.	7	—	7	6	—	6	1	—	1	3	—	3
Grand Total	873	831	1,704	646	586	1,232	227	245	472	553	532	1,085
										212	240	452

TABLE 219. — *Diagnoses of First Admissions who Died in Hospitals for Mental Disorders, 1938, by Age at Death and Sex*

DIAGNOSTIC GROUPINGS	TOTAL		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS		50-54 YEARS	
	M. F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	F. T.
With syphilitic meningo-encephalitis	56	14	—	—	—	—	1	—	1	1	4	—	8	—	9	1	10	9
With other forms of syphilis	5	4	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	1
With epidemic encephalitis	3	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1
With other infectious diseases	2	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Alcoholic psychoses	48	6	—	—	—	—	1	—	1	1	2	2	5	—	6	—	3	—
Due to drugs, etc.	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	252	236	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	10	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	19	9	1	1	2	1	1	—	1	1	2	1	2	—	—	—	—	—
Senile psychoses	81	134	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involutional psychoses	21	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	16	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	23	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	14	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	54	58	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	7	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	14	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder	640	586	2	4	6	7	2	9	9	13	22	17	12	29	40	27	67	46
Total Without Mental Disorder	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30
Grand Total	646	586	2	4	6	7	2	9	11	7	18	17	12	29	41	27	68	48

TABLE 219. — *Diagnoses of First Admissions who Died in Hospitals for Mental Disorders, 1938, by Age at Death and Sex — Concluded*

	55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
DIAGNOSTIC GROUPINGS																
With syphilitic meningo-encephalitis	12	3	8	5	1	2	2	1	2	—	—	—	—	—	—	—
With other forms of syphilis	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	9	—	3	—	8	2	6	—	4	—	1	—	—	—	—	—
Alcoholic psychoses	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs, etc.	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	13	13	28	21	47	42	44	55	54	46	37	39	18	11	3	7
With cerebral arteriosclerosis	2	—	2	1	3	3	1	1	1	1	—	—	—	—	—	—
With other disturbances of circulation	3	—	1	1	3	6	1	2	1	2	—	—	—	—	—	—
With convulsive disorders (epilepsy)	—	—	—	—	3	12	15	19	27	36	22	38	9	19	3	6
Senile psychoses	9	8	17	1	4	1	2	1	—	1	—	—	—	—	—	—
Involuntal psychoses	2	3	5	1	3	4	7	2	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	2	1	5	3	1	1	1	1	2	—	—	—	—	—	—
Due to new growth	7	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	—	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dementia praecox	2	3	5	3	1	1	1	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	5	1	6	13	2	5	5	2	2	2	2	3	—	—	—	—
With psychopathic personality	3	2	5	—	—	2	1	1	6	7	1	2	1	1	—	—
With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	2	1	3	—	2	2	1	2	1	1	—	—	—	—	—	—
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder	71	39	110	58	77	78	82	87	96	93	63	82	27	32	6	13
Total Without Mental Disorder	—	—	1	—	—	—	1	—	—	—	—	—	—	59	—	19
Grand Total.	71	39	110	59	77	78	83	87	96	93	63	82	27	32	6	13

Note: There were no cases in the age group 0-14 years.

TABLE 221. — Age at Death of First Admissions who Died in Hospitals for Mental Disorders, 1938, by Hospital and Sex

HOSPITALS	TOTAL		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS		50-54 YEARS										
	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.							
	106	89	195	17	6	23	114	111	225	24	39	63	22	20	42	5	10	15	22	22	44						
Boston State	17	6	23	1	1	2	1	1	3	1	1	2	1	1	2	3	4	13	9	4	13						
Boston Psychopathic	114	111	225	2	2	4	2	1	3	1	1	2	4	4	8	5	2	7	2	2	7						
Danvers	24	39	63	2	2	4	2	1	3	1	1	2	1	1	2	3	4	8	4	4	8						
Foxborough	22	20	42	1	1	2	1	1	2	1	1	1	1	1	2	1	1	1	1	1	1						
Gardner	5	5	10	1	1	2	1	1	2	1	1	1	1	1	2	1	1	1	1	1	1						
Grafton	22	20	42	1	1	2	1	1	2	1	1	1	1	1	2	1	1	1	1	1	1						
Medfield	76	71	147	6	6	12	2	2	4	1	1	2	3	3	6	4	1	3	4	5	8						
Northampton	66	67	133	54	62	116	1	1	2	1	1	2	1	1	3	1	1	2	4	5	9						
Taunton	80	85	165	15	5	20	1	1	2	2	2	1	1	1	4	5	7	10	6	4	10						
Westborough	15	5	20	4	1	5	1	1	2	1	1	1	1	1	2	1	1	2	1	1	2						
Worcester	28	4	32	1	1	2	1	1	2	1	1	1	1	1	2	1	1	2	1	1	2						
Monson	4	5	9	1	1	2	1	1	2	1	1	1	1	1	2	1	1	2	1	1	2						
McLean	28	4	32	1	1	2	1	1	2	1	1	1	1	1	2	1	1	2	1	1	2						
Bridgewater	4	5	9	1	1	2	1	1	2	1	1	1	1	1	2	1	1	2	1	1	2						
Tewksbury	8	8	16	1	1	2	1	1	2	1	1	1	1	1	2	1	1	2	1	1	2						
Veterans' Adm. Facility No. 107	1	1	2	1	1	2	1	1	2	1	1	1	1	1	2	1	1	2	1	1	2						
Veterans' Adm. Facility No. 95	1	1	2	1	1	2	1	1	2	1	1	1	1	1	2	1	1	2	1	1	2						
Total	646	586	1,232	2	4	6	7	2	9	11	7	18	10	13	23	17	12	29	28	11	39	41	27	68	48	30	78

HOSPITALS	55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER																		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.															
	6	9	15	9	7	16	15	11	26	17	17	34	20	15	35	8	10	18	7	4	11	8	16	24	9	5	8	13	4	4			
Boston State	4	2	6	10	9	19	17	9	26	13	19	32	17	19	36	8	16	24	5	5	13	2	7	9	1	1	5	6	1	3	4		
Boston Psychopathic	15	3	18	3	3	6	3	6	9	3	1	4	4	4	8	2	7	9	2	2	4	2	7	0	6	2	1	1	1	2	2		
Danvers	3	3	6	1	2	3	4	4	8	1	1	2	2	4	6	4	4	6	1	1	1	1	1	1	1	1	1	1	1	1	2		
Foxborough	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2		
Gardner	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2		
Grafton	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2		
Medfield	8	3	11	9	7	16	12	7	19	12	12	24	12	13	25	5	10	15	4	4	8	5	10	15	4	4	4	7	1	1	2		
Northampton	7	6	13	4	9	13	5	9	14	8	16	24	15	10	25	8	10	18	3	2	4	7	10	17	4	4	7	2	2	1	2		
Taunton	4	5	9	3	3	6	8	15	23	7	12	19	12	10	22	11	6	17	3	2	2	4	7	12	3	4	7	1	3	4	4		
Westborough	9	3	12	10	8	18	6	15	21	11	12	23	7	10	17	12	13	25	3	4	7	1	1	1	1	1	1	1	1	1	1		
Worcester	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Monson	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
McLean	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Bridgewater	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Tewksbury	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Veterans' Adm. Facility No. 107	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Veterans' Adm. Facility No. 95	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Total	71	39	110	59	56	115	77	78	155	83	87	170	96	93	189	63	82	145	27	32	59	63	82	145	27	32	59	6	13	19	6	13	19

NOTE: There were no cases in the age group 0-14 years.

TABLE 223. — *Diagnoses of First Admissions who Died in Hospitals for Mental Disorders, 1938, by Age at Admission and Sex*

DIAGNOSTIC GROUPINGS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
With syphilitic meningo-encephalitis	56	14	70	—	—	—	—	—	—	1	1	2	1	—	1	9	1	10	13	—	13		
With other forms of syphilis	5	4	9	—	—	—	—	1	—	—	—	—	—	—	—	—	—	4	3	1	4		
With epidemic encephalitis	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1		
With other infectious diseases	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1		
Alcoholic psychoses	48	6	54	—	—	—	—	—	—	—	1	1	2	1	3	8	—	8	11	—	11		
Due to drugs, etc.	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1		
Traumatic psychoses	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
With cerebral arteriosclerosis	252	236	488	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	1	2		
With other disturbances of circulation	10	11	21	—	—	—	—	—	—	—	—	—	1	1	2	2	2	2	1	1	1		
With convulsive disorders (epilepsy)	19	9	28	2	—	1	3	3	1	2	3	2	2	4	3	2	2	2	4	—	4		
Senile psychoses	81	134	215	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Involuntional psychoses	21	27	48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Due to other metabolic diseases, etc.	16	18	34	—	—	—	1	1	—	2	—	—	—	—	—	—	1	1	2	1	3		
Due to new growth	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1		
With organic changes of nervous system	23	9	32	—	—	—	—	1	1	—	—	1	3	4	—	1	1	1	4	1	1		
Psychoneuroses	5	5	10	—	—	—	—	—	1	1	—	—	2	1	3	2	1	2	1	1	2		
Manic-depressive psychoses	14	27	41	—	—	1	1	1	1	2	1	1	2	1	2	2	1	3	4	4	8		
Dementia praecox	54	58	112	—	—	5	2	7	12	5	17	9	7	16	3	8	9	17	4	10	14		
Paranoia and paranoid conditions	7	7	14	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—	2		
With psychopathic personality	1	1	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—		
With mental deficiency	14	10	24	—	—	—	1	1	—	4	—	2	1	3	1	3	4	2	—	2	3		
Undiagnosed psychoses	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—		
Without psychoses	6	—	6	—	—	—	1	—	—	—	—	—	—	—	—	—	2	3	—	—	1		
Total With Mental Disorder	640	586	1,226	2	—	6	5	11	16	8	24	19	18	37	26	14	40	36	17	53	56	31	87
Total Without Mental Disorder	6	—	6	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	—	1	—	1	
Grand Total.	646	586	1,232	2	—	7	5	12	16	8	24	20	18	38	26	14	40	36	17	53	57	31	88

TABLE 223. — *Diagnoses of First Admissions who Died in Hospitals for Mental Disorders, 1938, by Age at Admission and Sex — Concluded*

DIAGNOSTIC GROUPINGS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	9	4	13	8	2	10	1	2	3	2	—	—	—	—	—	—	—	—
With other forms of syphilis	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	6	—	6	—	—	—	—	—	—	1	—	—	—	—	—
Alcoholic psychoses	5	—	5	—	—	—	4	1	5	2	—	—	—	—	—	—	—	—
Due to drugs, etc.	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	11	3	14	10	19	29	48	44	92	46	58	104	32	31	63	17	11	28
With other disturbances of circulation	1	1	2	2	—	—	2	3	5	—	—	—	—	—	—	1	—	—
With convulsive disorders (epilepsy)	1	1	2	1	1	2	7	17	24	18	23	41	17	30	47	6	14	20
Senile psychoses	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
Involuntary psychoses	10	7	17	6	8	14	2	4	6	2	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	2	2	4	2	2	4	2	4	6	2	1	2	—	—	—	—	—	—
Due to new growth	—	1	1	2	2	2	1	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	2	1	3	7	1	8	3	1	4	—	—	—	1	—	—	—	—	—
Psychoneuroses	—	1	1	1	1	1	—	—	—	1	—	—	—	—	—	—	—	—
Manic-depressive psychoses	10	10	20	1	2	3	—	2	2	1	1	2	—	—	—	—	—	—
Dementia praecox	2	7	9	2	4	4	1	1	1	—	—	—	—	—	—	—	—	—
Paranoia and paranoid conditions	1	2	3	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	3	1	4	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Total With Mental Disorder	48	42	90	48	50	98	71	78	149	74	84	158	51	61	112	23	26	49
Total Without Mental Disorder	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Grand Total.	49	42	91	48	50	98	71	78	149	75	84	159	51	61	112	23	26	49

TABLE 224. — *Diagnoses of Readmissions who Died in Hospitals for Mental Disorders, 1938, by Age at Admission and Sex*

DIAGNOSTIC GROUPINGS	TOTAL		0-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	9	2	11	-	-	-	-	-	-	-	1	1	2	-	1	3	1	1
With other forms of syphilis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	2	-	2	-	-	-	-	-	1	1	-	-	-	-	1	-	-	-
With other infectious diseases	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	26	10	36	-	-	-	-	-	-	-	3	3	2	1	2	2	3	2
Due to drugs, etc.	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	35	22	57	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
With other disturbances of circulation	11	16	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	11	17	28	-	2	2	4	1	5	-	2	2	-	-	2	1	4	5
Senile psychoses	6	8	14	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2
Involutional psychoses	1	1	2	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1
Due to other metabolic diseases, etc.	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Due to new growth	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	4	3	7	-	-	-	-	-	-	-	1	1	-	-	1	-	1	1
Psychoneuroses	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	25	41	66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dementia praecox	69	102	171	-	-	-	1	1	2	1	2	3	4	7	2	6	8	7
Paranoia and paranoid conditions	4	3	7	-	-	-	4	6	10	9	3	12	14	15	10	20	13	16
With psychopathic personality	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With mental deficiency	14	12	26	-	-	-	2	2	2	-	2	2	2	2	1	1	1	2
Without psychoses	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total With Mental Disorder	226	245	471	-	2	2	11	8	19	12	11	23	24	22	46	21	29	50
Total Without Mental Disorder	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	36	58
Grand Total	227	245	472	-	2	2	11	8	19	12	11	23	24	22	46	21	29	50

TABLE 224. — *Diagnoses of Readmissions who Died in Hospitals for Mental Disorders, 1938, by Age at Admission and Sex — Concluded*

DIAGNOSTIC GROUPINGS	50-54 YEARS		55-59 YEARS		60-64 YEARS		65-69 YEARS		70-74 YEARS		75-79 YEARS		80-84 YEARS		85-89 YEARS		90 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With syphilitic meningo-encephalitis	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other forms of syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	6	3	3	6	3	3	3	1	1	1	1	1	1	1	1	1	1	1
Alcoholic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to drugs, etc.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	2	1	1	4	5	8	2	10	2	10	1	11	1	1	2	1	1	1
With other disturbances of circulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	1	1	2	1	1	1	1	1	1	1	1	3	4	1	1	2	3	1
Senile psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involutional psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychoneuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	1	4	5	4	5	9	3	5	8	5	3	8	1	1	2	1	1	1
Dementia praecox	2	10	12	1	11	12	2	9	11	2	2	4	1	1	1	1	1	1
Paranoia and paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With mental deficiency	2	2	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder	19	23	42	17	30	47	20	24	44	26	16	42	18	9	27	5	9	14
Total Without Mental Disorder	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grand Total.	19	23	42	17	30	47	20	24	44	26	16	42	18	9	27	5	9	14

TABLE 225. — Length of Hospital Stay During THIS Admission of First Admissions who Died in Hospitals for Mental Disorders, 1938,
by Age at Admission and Sex

AGE AT ADMISSION	TOTAL	UNDER 1 Mo.		1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	9 MONTHS	10 MONTHS	11 MONTHS
		M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
0-19 years	9 5 14	1 1 2	1 1 1	—	—	—	—	—	—	—	—	—	—	—
20-29 years	33 21 54	2 2 3	2 2 2	—	—	—	—	—	—	—	—	—	—	—
30-39 years	46 32 78	9 5 14	2 2 2	—	—	—	—	—	—	—	—	—	—	—
40-49 years	93 48 141	21 11 32	5 2 7	—	—	—	—	—	—	—	—	—	—	—
50-59 years	97 92 189	27 13 40	6 10 16	—	—	—	—	—	—	—	—	—	—	—
60-69 years	138 128 266	37 32 69	7 14 11	—	—	—	—	—	—	—	—	—	—	—
70-79 years	153 160 313	54 33 87	16 15 31	—	—	—	—	—	—	—	—	—	—	—
80-89 years	74 87 161	28 29 57	3 6 9	—	—	—	—	—	—	—	—	—	—	—
90 yrs. and over	3 13 16	1 5 6	1 1 2	—	—	—	—	—	—	—	—	—	—	—
Total	646 586 1,232	180 132 312	45 43 88	32 36 68	21 29 50	20 24 44	15 16 31	15 10 25	19 8 27	12 12 24	9 4 13	10 13 23	5 7 12	

AGE AT ADMISSION	1 YEAR	2 YEARS		3 YEARS	4 YEARS	5-9 YEARS	10-14 YEARS	15-19 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40 YEARS AND OVER
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
0-19 years	—	—	—	—	—	—	—	—	—	—	—	—	—
20-29 years	3 2 5	1 1 2	2 1 3	2 2 3	—	—	—	—	—	—	—	—	—
30-39 years	6 2 8	3 4 7	2 1 3	2 1 3	—	—	—	—	—	—	—	—	—
40-49 years	4 8 17	1 1 2	1 1 2	1 1 2	—	—	—	—	—	—	—	—	—
50-59 years	14 14 28	6 4 10	1 1 2	1 1 2	—	—	—	—	—	—	—	—	—
60-69 years	10 22 32	9 7 16	6 4 10	6 4 10	—	—	—	—	—	—	—	—	—
70-79 years	9 14 23	7 10 17	4 8 12	6 6 12	—	—	—	—	—	—	—	—	—
80-89 years	—	2 4 6	1 1 2	1 1 2	—	—	—	—	—	—	—	—	—
90 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	55 65 120	31 32 63	21 17 38	21 20 41	48 51 99	27 31 58	20 13 33	10 12 22	12 6 18	12 1 13	5 3 8	1 1 2	

TABLE 226. — Length of Hospital Stay During THIS Admission of Readmissions who Died in Hospitals for Mental Disorders, 1938,
by Age at Admission and Sex

AGE AT ADMISSION	TOTAL		UNDER 1 MONTH	1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	9 MONTHS	10 MONTHS	11 MONTHS
	M. F.	T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
0-19 years	4	4	—	—	—	—	—	—	—	—	—	—	—	—
20-29 years	23	19	42	8	—	—	—	—	—	—	—	—	—	—
30-39 years	47	38	85	3	—	—	—	—	—	—	—	—	—	—
40-49 years	44	65	109	1	—	—	—	—	—	—	—	—	—	—
50-59 years	36	53	89	2	—	—	—	—	—	—	—	—	—	—
60-69 years	46	40	86	5	2	3	1	2	1	2	3	1	1	2
70-79 years	23	18	41	3	2	5	2	3	1	2	3	1	1	2
80-89 years	3	7	10	1	—	—	1	3	1	—	—	—	—	—
90 years and over	1	1	2	—	—	—	—	—	—	—	—	—	—	—
Total	227	245	472	20	11	31	4	10	14	—	1	1	—	2

AGE AT ADMISSION	1 YEAR		2 YEARS		3 YEARS		4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40 YEARS AND OVER	
	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.
0-19 years	—	—	2	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20-29 years	1	3	2	3	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-39 years	—	—	3	1	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
40-49 years	—	1	3	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50-59 years	3	3	2	1	3	1	2	3	12	6	13	3	7	10	5	8	4	3	5	11	3	3	6	5
60-69 years	7	5	6	3	6	—	1	3	13	6	19	4	5	9	5	8	4	3	7	10	1	2	3	1
70-79 years	4	5	9	2	7	1	4	5	10	10	20	3	4	7	2	3	—	—	—	—	—	—	—	—
80-89 years	—	2	2	—	2	2	1	1	5	3	8	1	2	3	2	3	—	—	—	—	—	—	—	—
90 years and over	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	17	20	37	20	11	31	7	7	48	41	89	15	25	40	12	21	33	10	13	26	5	5	10	10

TABLE 227. — Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during THIS Admission of Cases who Died in Hospitals for Mental Disorders during 1938, by Sex

NUMBER OF ADMISSIONS	TOTAL		UNDER 1 MONTH		1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	9 MONTHS	10 MONTHS	11 Mo.																		
	M.	F. T.	M.	F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.																		
One	646	586	180	132	312	32	36	68	45	43	88	21	29	50	15	16	31	19	8	27	12	12	24	9	4	13	10	13	23	5	7	12	
Two	131	112	243	14	4	18	4	2	6	3	3	6	3	7	10	1	1	2	2	2	1	1	1	5	2	7	1	1	1	1	1	2	
Three	55	72	127	5	4	9	—	1	1	—	2	2	1	2	3	1	1	2	1	1	1	1	3	—	—	—	—	—	—	—	—	—	
Four	27	27	54	1	2	3	—	1	1	—	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Five	5	23	28	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Six	7	6	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Seven	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Eight	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Nine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ten or more	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	873	831	1,704	200	143	343	36	41	77	49	50	99	25	39	64	21	27	48	18	17	35	18	12	30	10	5	15	10	14	24	7	9	16

NUMBER OF ADMISSIONS	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5-9 YEARS	10-14 YEARS	15-19 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40 YEARS AND OVER																								
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.																								
One	55	65	120	31	32	63	21	17	38	21	20	41	48	51	99	27	31	58	20	13	33	10	12	22	12	6	18	12	1	13	5	3	8	1	1	2
Two	10	7	17	11	5	16	7	2	9	2	5	7	23	17	40	7	10	17	4	9	13	6	12	18	7	7	14	9	8	17	2	4	6	9	3	12
Three	4	7	11	7	3	10	—	2	2	2	1	3	11	13	24	3	9	12	4	8	12	3	7	10	1	4	5	4	3	7	3	1	4	—	1	1
Four	2	1	3	1	2	3	—	2	1	3	2	1	8	7	15	5	2	7	4	5	9	3	1	4	1	1	1	—	1	1	—	—	—	—	—	—
Five	—	4	4	1	1	2	—	—	2	2	1	3	1	3	4	—	3	3	1	1	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Six	1	—	1	—	—	—	—	—	1	1	1	1	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Seven	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Eight	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Nine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ten or more	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	72	85	157	51	43	94	28	24	52	27	31	58	96	92	188	42	56	98	34	40	74	22	33	55	22	19	41	25	14	39	10	8	18	11	6	17

TABLE 228. — *Number of Times Admitted to All Institutions and Net Duration of Hospital Residence during ALL Admissions of Cases who Died in Hospitals for Mental Disorders during 1938, by Sex*

NUMBER OF ADMISSIONS	TOTAL		UNDER 1 MONTH		1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	9 MONTHS	10 MONTHS	11 Mo.																								
	M.	F. T.	M.	F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.																								
One . . .	646	586	1,232	180	132	312	32	36	68	45	43	88	21	29	50	20	24	44	15	16	31	15	12	24	9	4	13	10	13	23	5	7	12						
Two . . .	131	112	243	4	1	5	5	1	6	2	1	3	5	1	6	2	4	4	3	1	4	1	1	2	1	2	3	5	—	2	2	3	5						
Three . . .	55	72	127	—	—	—	—	—	—	1	2	3	—	2	2	1	—	—	2	1	3	—	1	1	—	—	5	—	—	—	—	1	—						
Four . . .	27	27	54	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Five . . .	5	23	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Six . . .	7	6	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Seven . . .	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Eight . . .	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Nine . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Ten or more . . .	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Total . . .	873	831	1,704	184	133	317	37	37	74	48	46	94	26	33	59	21	28	49	20	18	38	16	12	28	20	11	31	16	15	31	14	5	19	10	16	26	8	10	18

NUMBER OF ADMISSIONS	1 YEAR		2 YEARS	3 YEARS	4 YEARS	5-9 YEARS	10-14 YEARS	15-19 YEARS	20-24 YEARS	25-29 YEARS	30-34 YEARS	35-39 YEARS	40 YEARS AND OVER																							
	M.	F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.																							
One . . .	55	65	120	31	32	63	21	17	38	21	41	48	51	99	27	31	58	20	13	33	10	12	22	12	6	18	12	1	13	5	3	8	1	1	2	
Two . . .	9	6	15	6	3	9	10	3	13	3	4	7	25	16	41	6	9	15	6	4	10	8	9	17	6	15	21	8	7	15	5	7	12	9	9	18
Three . . .	2	4	6	4	7	11	4	3	7	3	1	4	7	6	13	6	14	20	6	5	11	3	10	13	3	—	3	1	2	3	6	6	12	3	6	9
Four . . .	—	1	3	—	1	1	2	—	2	3	1	4	2	4	6	5	3	8	4	5	9	6	3	9	2	2	4	1	2	2	1	1	1	2	3	1
Five . . .	—	1	1	—	1	1	1	2	3	—	1	1	1	5	6	—	1	1	2	2	1	1	6	—	1	1	—	—	—	—	—	—	—	—	—	—
Six . . .	—	—	—	—	—	—	1	1	—	—	—	—	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Seven . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Eight . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Nine . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ten or more . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total . . .	68	77	145	41	45	86	39	25	64	30	28	58	86	85	171	45	60	105	37	29	66	29	41	70	23	24	47	21	12	33	17	21	38	17	20	37

TABLE 229. — Causes of Death of Patients who Died in Hospitals for Mental Disorders, 1938, by Diagnoses and Sex — Continued

CAUSES OF DEATH	GRAND TOTAL.		TOTAL WITH MENTAL DISORDER		TOTAL WITHOUT MENTAL DISORDER		WITH SYPHILITIC MENINGO-ENCEPHALITIS		ALCOHOLIC PSYCHOSES		WITH CEREBRAL ARTERIO-SCLEROSIS		WITH CONVULSIVE DISORDERS (EPILEPSY)		SENILE PSYCHOSES									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
<i>Diseases of the Respiratory System:</i>																								
Diseases of the larynx	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—						
Bronchitis	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—						
Bronchopneumonia (including capillary bronchitis)	111	118	229	111	118	229	—	—	—	—	—	—	—	—	—	—	—	—						
Lobar pneumonia	36	30	66	36	30	66	—	—	—	—	—	—	—	—	—	—	—	—						
Pleurisy	2	1	3	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—						
Asthma	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—						
Other diseases (tuberculosis excepted)	3	9	12	3	9	12	—	—	—	—	—	—	—	—	—	—	—	—						
<i>Diseases of the Digestive System:</i>																								
Diseases of the buccal cavity and annexa and of the pharynx and tonsils (including adenoid vegetations)	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—						
Ulcer of the stomach and duodenum	11	1	12	11	1	12	—	—	—	—	—	—	—	—	—	—	—	—						
Diarrhea and enteritis	1	8	9	1	8	9	—	—	—	—	—	—	—	—	—	—	—	—						
Appendicitis	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—						
Hernia, intestinal obstruction	5	8	13	5	8	13	—	—	—	—	—	—	—	—	—	—	—	—						
Other diseases of the intestines	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—						
Cirrhosis of the liver	3	1	4	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—						
Biliary calculi and other diseases of the gall bladder and biliary passages	3	2	5	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—						
Peritonitis	4	2	6	4	2	6	—	—	—	—	—	—	—	—	—	—	—	—						
Other diseases (cancer excepted)	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—						
<i>Diseases of the Genito-Urinary System:</i>																								
Nephritis (acute, chronic and unspecified)	31	26	57	30	26	56	1	—	1	—	—	—	—	—	—	—	—	—						
Other diseases of the kidneys and ureters (puerperal diseases excepted)	3	8	11	2	8	10	1	—	1	—	—	—	—	—	—	—	—	—						
Calculi of the urinary passages	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—						
Diseases of the bladder (tumors excepted)	2	1	3	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—						
Diseases of the prostate	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—						
Other diseases not specified as venereal	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—						
<i>Diseases of the Skin and Cellular Tissue:</i>	6	5	11	6	5	11	—	—	—	—	—	—	—	—	—	—	—	—						
<i>Diseases of the Bones and Organs of Locomotion:</i>																								
Osteomyelitis	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—						
Scurvy	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—						
<i>Violent and Accidental Deaths:</i>																								
Suicide	9	4	13	9	4	13	—	—	—	—	—	—	—	—	—	—	—	—						
Homicide	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—						
Accidental poisoning	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—						
Conflagration and accidental burns	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—						
Other external causes	21	27	48	21	27	48	—	—	—	—	—	—	—	—	—	—	—	—						
<i>Ill-Defined Causes of Death:</i>	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—						
Total	873	831	1,704	866	831	1,697	7	—	7	65	16	81	74	16	90	287	258	545	30	25	55	92	151	243

TABLE 229. — Causes of Death of Patients who Died in Hospitals for Mental Disorders, 1938, by Diagnoses and Sex — Concluded

CAUSES OF DEATH	INVOLUTIONAL PSYCHOSES			DUE TO OTHER METABOLIC DISEASES, ETC.			MANIC-DEPRESSIVE PSYCHOSES			DEMENTIA PRAECOX			WITH MENTAL DEFICIENCY			WITHOUT PSYCHOSES			ALL OTHER PSYCHOSES		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
<i>Diseases of the Respiratory System:</i>																					
Diseases of the larynx	1	1		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchopneumonia (including capillary bronchitis)	2	8	10	2	3	5	8	3	11	11	20	31	2	4	6	10	4	14	—	—	—
Lobar pneumonia	2	2	4	1	—	—	3	4	7	6	7	13	4	—	—	—	—	—	—	—	—
Pleurisy	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases (tuberculosis excepted)	—	1	1	—	—	—	—	1	1	—	3	3	—	—	—	—	—	—	—	—	—
<i>Diseases of the Digestive System:</i>																					
Diseases of the buccal cavity and annexa and of the pharynx and tonsils (including adenoid vegetations)	1	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Ulcer of the stomach and duodenum	2	2	—	—	—	—	2	—	2	3	—	—	—	—	—	—	—	—	—	—	—
Diarrhea and enteritis	—	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
Appendicitis	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Hernia, intestinal obstruction	—	—	—	1	—	—	—	1	1	1	3	4	—	—	—	—	—	—	—	—	—
Other diseases of the intestines	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of the liver	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—
Biliary calculi and other diseases of the gall bladder and biliary passages	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pertinitis	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Other diseases (cancer excepted)	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Genito-Urinary System:</i>																					
Nephritis (acute, chronic and unspecified)	2	—	2	1	2	3	2	1	3	4	3	7	1	—	1	1	—	—	—	—	—
Other diseases of the kidneys and ureters (puerperal diseases excepted)	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Calculi of the urinary passages	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the bladder (tumors excepted)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases not specified as venereal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Skin and Cellular Tissue:</i>																					
Diseases of the Bones and Organs of Locomotion:																					
Osteomyelitis	—	—	—	—	—	—	—	2	2	4	1	5	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Violent and Accidental Deaths:</i>																					
Suicide	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Homicide	—	—	—	—	—	—	3	2	5	2	—	2	—	—	—	—	—	—	3	2	5
Accidental poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Conflagration and accidental burns	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Other external causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Ill-Defined Causes of Death:</i>																					
Other causes	—	—	—	2	—	2	3	4	7	1	1	2	—	—	—	—	—	—	—	—	—
Ill-defined causes of death	—	—	—	1	—	1	—	—	—	2	2	2	—	—	—	—	—	—	—	—	—
Total	27	35	62	17	19	36	39	68	107	123	160	283	28	22	50	7	—	7	84	61	145

TABLE 230. — *Country of Birth of Admissions, Discharges, Deaths, 1938, All Resident Population and Cases Out of Institutions on September 30, 1938, First and Readmissions, by Sex*

COUNTRY OF BIRTH	ADMISSIONS						DISCHARGES						DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	1	1	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Australia	5	8	13	4	—	4	5	4	9	6	—	—	3	1	1	1	1	2
Belgium	1	1	6	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Canada	183	192	375	39	54	93	107	104	211	35	46	81	71	71	142	13	20	23
Central America	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
China	6	—	6	1	—	1	—	—	2	—	—	—	1	—	1	—	—	—
Czecho-Slovakia	1	—	1	—	—	—	1	1	2	—	—	—	1	—	1	—	—	—
Cuba	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	6	1	7	1	1	2	1	16	42	1	4	11	27	34	61	8	8	16
England	59	40	99	12	12	20	26	5	13	7	2	2	4	4	7	2	1	3
Finland	12	13	25	3	4	7	8	5	13	—	2	2	2	2	4	2	1	3
France	3	4	7	—	2	2	3	2	5	—	2	2	4	3	4	—	—	—
Germany	16	9	25	5	2	7	9	4	13	4	3	7	8	3	11	1	2	3
Greece	20	7	27	6	2	8	15	3	18	3	1	4	2	2	5	1	1	1
Holland	2	2	5	2	3	3	—	1	1	1	—	1	1	1	2	2	2	2
Hungary	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
India	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—
Ireland	147	170	317	32	44	76	76	88	164	24	41	65	63	72	135	21	39	60
Italy	94	75	169	32	41	73	58	43	101	25	23	48	23	8	31	9	3	12
Japan	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jugo-Slavia	—	—	—	—	1	1	—	3	3	—	1	1	—	1	1	—	—	—
Mexico	—	3	3	—	1	2	4	2	6	—	4	4	2	1	1	1	—	1
Norway	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Philippine Islands	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poland	58	52	110	16	17	33	31	20	51	12	18	30	6	11	17	4	5	9
Portugal	47	14	61	6	6	12	24	8	31	2	1	3	14	6	20	2	4	6
Rumania	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Russia	44	32	76	20	32	52	35	11	46	17	25	42	8	12	20	7	3	10
Scotland	15	28	43	4	6	10	5	14	19	3	5	8	8	11	19	3	1	4
South America	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spain	2	—	2	—	—	1	1	1	1	—	—	—	—	—	—	—	—	—
Sweden	23	15	38	4	3	7	15	11	26	3	2	5	10	10	20	3	4	7
Switzerland	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkey in Asia	10	6	16	3	—	3	1	2	2	1	—	—	2	1	3	1	—	1
Turkey in Europe	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
United States ²	4	2	6	2	—	2	1	2	2	—	—	—	—	—	—	—	—	—
West Indies ³	1,972	1,474	3,446	899	624	1,453	1,353	928	2,281	653	477	1,130	375	320	695	142	147	289
Wales	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other countries ⁴	33	23	56	15	13	28	32	21	53	11	6	17	9	3	15	4	4	8
Unknown	8	3	11	1	1	2	4	—	4	2	1	3	1	3	4	2	—	2
Total	2,791	2,189	4,980	1,037	879	1,916	1,822	1,301	3,123	816	671	1,487	646	586	1,232	227	245	472

¹Includes Newfoundland.²Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 230. — *Country of Birth of Admissions, Discharges, Deaths, 1938, All Resident Population and Cases Out of Institutions on September 30, 1938, First and Readmissions, by Sex — Concluded*

COUNTRY OF BIRTH	RESIDENT POPULATION						CASES OUT					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Africa	2	1	3	—	2	2	—	—	—	—	—	—
Australia	1	—	1	2	3	5	—	—	—	—	—	—
Austria	72	57	129	33	20	53	2	2	4	—	4	4
Belgium	7	5	12	4	1	5	—	—	—	—	—	—
Canada	527	635	1,162	240	354	594	43	70	113	17	47	64
Central America	—	—	—	3	—	3	—	—	—	—	—	—
China	18	—	18	11	1	12	—	—	—	1	—	1
Czechoslovakia	3	4	7	—	3	3	—	—	—	—	—	—
Cuba	1	—	1	—	—	—	—	—	—	—	—	—
Denmark	7	5	12	5	4	9	1	1	2	—	—	—
England	126	163	289	70	101	171	7	21	28	5	11	16
Finland	50	46	96	24	32	56	3	9	12	3	3	6
France	15	11	26	5	15	20	—	—	—	—	2	2
Germany	48	54	102	30	36	66	3	5	8	3	2	5
Greece	63	20	83	43	11	54	5	—	5	1	1	2
Holland	2	—	2	2	—	2	1	2	3	—	—	—
Hungary	5	4	9	4	—	4	—	—	—	—	—	—
India	2	—	2	2	—	2	—	—	—	—	—	—
Ireland	436	693	1,129	251	455	706	22	61	83	15	32	47
Italy	327	208	535	202	143	345	28	27	55	14	15	29
Japan	—	—	—	—	—	—	—	—	—	—	—	—
Jugo-Slavia	2	—	2	—	—	—	—	—	—	—	—	—
Mexico	1	—	1	2	1	3	—	—	—	—	—	—
Norway	13	10	23	8	8	16	1	2	3	1	—	1
Philippine Islands	3	—	3	1	1	2	—	—	—	—	—	—
Poland	271	196	467	107	91	198	16	24	40	7	8	15
Portugal	119	64	183	41	31	72	11	8	19	5	1	6
Rumania	3	3	6	7	1	8	—	—	—	—	—	—
Russia	236	148	384	194	186	380	11	14	25	10	32	42
Scotland	34	65	99	32	32	64	4	9	13	1	1	2
South America	6	5	11	3	2	5	—	—	—	—	—	—
Spain	77	2	79	48	61	109	5	10	15	2	7	9
Sweden	6	4	10	—	—	—	—	—	—	—	—	—
Switzerland	6	4	10	—	—	—	—	—	—	—	—	—
Turkey in Asia	16	4	20	18	8	26	1	2	3	1	—	1
Turkey in Europe	23	3	26	12	6	18	1	2	3	—	—	—
United States ¹	4,426	4,235	8,661	3,447	3,174	6,621	518	632	1,150	370	450	820
Wales	4	2	6	2	—	2	1	—	1	—	—	—
West Indies ²	11	16	27	16	9	25	1	2	3	—	—	—
Other countries ³	150	74	224	78	67	145	5	8	13	6	6	12
Unknown	30	15	45	5	9	14	2	3	5	—	—	—
Total	7,152	6,835	13,987	4,954	4,884	9,838	693	916	1,609	462	622	1,084

¹Includes Newfoundland.²Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 231. — *Country of Birth of Patients in Residence in Hospitals for Mental Disorders on September 30, 1938, by Citizenship and Sex*

COUNTRY OF BIRTH	TOTAL		ALIEN		NATURALIZED		CITIZENS BY BIRTH		FIRST PAPERS		UNKNOWN	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Africa	2	3	1	1	1	1	—	—	—	—	—	1
Australia	3	3	2	2	2	3	—	—	—	—	—	1
Austria	105	77	75	54	129	24	—	—	1	—	14	14
Belgium	11	6	4	3	7	9	—	—	—	—	1	—
Canada	767	989	341	453	794	591	13	7	2	1	145	210
Central America	3	—	—	—	1	1	—	—	—	—	—	355
China	29	1	3	1	26	5	—	—	—	—	—	—
Czechoslovakia	3	7	3	2	5	3	—	—	—	—	—	2
Cuba	1	6	1	4	5	1	—	—	—	—	—	2
Denmark	12	9	5	4	9	8	—	—	—	—	—	3
England	196	264	81	103	184	195	1	—	1	—	32	48
Finland	74	78	54	44	98	35	—	—	—	—	5	10
France	20	26	9	16	25	9	—	—	—	—	5	1
Germany	78	90	25	33	34	74	—	—	1	—	18	17
Greece	106	31	64	22	86	28	—	—	—	—	17	6
Holland	4	4	2	—	2	3	—	—	—	—	2	2
Hungary	9	13	7	8	15	3	—	—	—	—	2	4
India	4	—	2	—	2	2	—	—	—	—	—	—
Ireland	687	1,148	251	579	830	646	2	—	—	—	125	230
Italy	529	351	337	220	557	194	—	—	4	2	66	57
Japan	2	—	2	—	2	—	—	—	—	—	—	123
Jugo-Slavia	4	1	3	1	4	1	—	—	—	—	—	—
Mexico	1	1	1	1	2	—	—	—	—	—	—	—
Norway	21	18	11	8	19	16	—	—	—	—	—	—
Philippine Islands	4	1	3	1	4	1	—	—	—	—	1	3
Poland	378	287	272	200	472	105	—	—	—	—	—	—
Portugal	160	95	123	73	196	35	—	—	1	1	42	44
Rumania	10	4	5	2	7	7	—	—	1	1	10	11
Russia	430	334	275	203	478	160	—	—	—	—	—	—
Scotland	66	97	19	45	64	65	—	—	—	—	60	65
South America	9	7	5	5	11	31	—	—	—	—	13	21
Spain	9	3	6	2	2	2	—	—	—	—	—	—
Sweden	125	141	50	70	120	48	—	—	—	—	2	—
Switzerland	6	6	4	2	6	105	—	—	1	—	18	22
Turkey in Asia	34	12	4	2	3	4	—	—	—	—	1	1
Turkey in Europe	35	9	20	5	8	2	—	—	—	—	6	5
United States ¹	7,873	7,409	22	6	28	12	—	—	—	—	3	1
Wales	6	8	4	2	—	—	—	—	—	—	—	—
West Indies ²	27	25	19	13	32	14	—	—	—	—	—	—
Other countries ³	228	141	145	99	47	72	—	—	—	—	35	17
Unknown	35	24	4	2	6	2	—	—	—	—	30	20
Total	12,106	11,719	2,283	2,289	4,572	2	7,889	7,418	13	7	660	812

¹Includes Newfoundland.²Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 232. — Admission Age and Present Age of First Admissions in Residence in Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex

DIAGNOSTIC GROUPINGS	TOTAL			0-14 YEARS			15-19 YEARS			20-29 YEARS		
				ADMISSION AGE		PRESENT AGE	ADMISSION AGE		PRESENT AGE	ADMISSION AGE		PRESENT AGE
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	422	119	541	—	—	—	4	1	5	21	9	30
With other forms of syphilis	62	25	87	—	—	—	1	—	1	2	1	3
With epidemic encephalitis	24	21	45	2	2	4	4	2	6	2	3	5
With other infectious diseases	5	8	13	—	—	—	—	1	1	—	2	2
Alcoholic psychoses	773	131	904	—	—	—	—	—	—	33	7	40
Due to drugs, etc.	2	6	8	—	—	—	—	—	—	—	1	1
Traumatic psychoses	44	14	58	1	1	2	—	1	1	8	1	9
With cerebral arteriosclerosis	572	572	1,144	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	16	10	26	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	253	302	555	6	8	14	25	36	61	52	72	124
Senile psychoses	224	363	587	—	—	—	—	—	—	—	—	—
Involutional psychoses	122	292	414	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	36	44	80	—	1	1	—	1	2	—	1	1
Due to new growth	1	2	3	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	108	62	170	5	2	7	2	6	8	15	5	20
Psychoneuroses	38	76	108	—	—	—	—	—	—	—	1	1
Manic-depressive psychoses	313	539	852	—	—	—	11	14	25	44	80	124
Dementia praecox	3,290	3,571	6,861	11	6	17	162	132	294	1,245	767	2,012
Paranoia and paranoid conditions	149	289	438	—	—	—	—	—	—	6	2	8
With psychopathic personality	58	50	108	1	4	5	3	—	3	4	2	6
With mental deficiency	565	506	1,071	5	10	15	51	63	114	13	16	29
Undiagnosed psychoses	1	5	6	—	—	—	—	—	—	15	12	27
Without psychoses	69	32	101	3	3	6	5	11	12	19	9	28
Primary behavior disorders	5	2	7	1	1	2	2	1	3	1	—	1
Total With Mental Disorder	7,078	6,801	13,879	49	54	103	265	259	524	75	77	152
Total Without Mental Disorder	74	34	108	4	4	8	13	2	15	20	9	29
Grand Total	7,152	6,835	13,987	53	58	111	278	261	539	80	79	159
										1,665	1,125	2,790
										612	459	1,071

TABLE 232. — Admission Age and Present Age of First Admissions in Residence in Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex — Continued

DIAGNOSTIC GROUPINGS	30-39 YEARS						40-49 YEARS						50-59 YEARS					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	113	34	147	68	17	85	168	40	208	157	45	202	91	27	118	129	31	160
With other forms of syphilis	14	7	21	2	1	3	20	9	29	20	8	28	18	6	24	21	8	29
With epidemic encephalitis	4	5	9	6	3	9	4	2	6	4	5	9	—	2	2	4	1	5
With other infectious diseases	3	2	5	1	1	2	1	2	3	3	1	2	1	1	2	2	2	4
Alcoholic psychoses	161	23	184	61	11	72	244	39	283	138	16	154	227	40	267	243	32	275
Due to drugs, etc.	—	1	1	—	1	1	2	2	4	2	2	4	—	—	—	—	1	1
Traumatic psychoses	8	2	10	9	2	11	14	5	19	7	3	10	7	—	7	9	3	12
With cerebral arteriosclerosis	—	—	—	—	—	—	7	10	17	3	4	7	80	93	173	44	51	95
With other disturbances of circulation	—	1	1	—	—	—	4	5	9	2	4	6	5	2	7	4	2	6
With convulsive disorders (epilepsy)	68	52	120	—	—	108	42	69	111	48	65	113	28	32	60	40	60	100
Senile psychoses	—	1	1	—	—	—	2	2	4	1	—	—	1	—	—	3	9	12
Involuntary psychoses	1	7	8	—	3	3	25	109	134	14	66	7	7	25	32	45	139	184
Due to other metabolic diseases, etc.	7	2	9	6	1	7	7	10	17	8	7	15	12	13	25	12	13	25
Due to new growth	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
With organic changes of nervous system	16	5	21	17	7	24	30	11	41	21	10	31	28	17	45	36	15	51
Psychoneuroses	6	20	26	4	14	18	12	18	30	13	18	31	18	10	14	8	18	26
Manic-depressive psychoses	72	146	218	41	91	132	75	147	222	65	148	213	68	100	168	83	107	190
Dementia praecox	1,099	1,093	2,192	682	506	1,188	550	837	1,387	847	805	1,552	187	423	610	756	833	1,589
Paranoia and paranoid conditions	27	31	58	8	11	19	54	108	162	45	63	108	40	93	133	43	84	127
With psychopathic personality	15	15	30	16	11	27	14	10	24	11	8	19	7	8	13	4	8	18
With mental deficiency	130	135	265	107	103	210	107	106	213	120	144	264	67	45	112	152	101	253
Undiagnosed psychoses	—	—	—	—	—	—	—	2	2	—	2	2	1	2	3	1	2	3
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	11	8	19	13	4	17	17	8	25	20	8	28	8	1	9	15	6	21
Total With Mental Disorder	1,744	1,582	3,326	1,084	835	1,919	1,382	1,543	2,925	1,527	1,425	2,952	951	1,093	2,044	1,646	1,520	3,166
Total Without Mental Disorder	11	8	19	13	4	17	18	8	26	21	8	29	8	1	9	15	6	21
Grand Total	1,755	1,590	3,345	1,097	839	1,936	1,400	1,551	2,951	1,548	1,433	2,981	959	1,094	2,053	1,661	1,526	3,187

TABLE 233. — Admission Age and Present Age of First Admissions Out (Visits, etc.) of Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex

DIAGNOSTIC GROUPINGS	TOTAL			0-14 YEARS			15-19 YEARS							
				ADMISSION AGE		PRESENT AGE	ADMISSION AGE		PRESENT AGE					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
With syphilitic meningo-encephalitis.	46	22	68	-	1	1	-	1	1	2	3	1	2	3
With other forms of syphilis	4	3	7	-	-	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	3	3	6	-	-	-	-	-	-	3	3	3	-	3
With other infectious diseases	1	6	7	-	-	-	-	-	-	1	1	-	-	-
Alcoholic psychoses	96	22	118	-	-	-	-	-	-	-	-	-	-	-
Due to drugs, etc.	3	6	9	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	11	2	13	-	1	1	-	1	1	-	-	-	-	-
With cerebral arteriosclerosis	61	60	121	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	4	6	10	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	29	28	57	2	5	7	1	4	5	5	10	5	3	8
Senile psychoses	7	28	35	-	-	-	-	-	-	-	-	-	-	-
Involuntary psychoses	22	77	99	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	7	19	26	-	-	-	-	-	-	1	2	1	1	2
Due to new growth	-	1	1	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	10	10	20	-	-	-	-	-	-	2	1	3	1	-
Psychoneuroses	25	50	75	-	-	-	-	-	-	2	2	2	1	-
Manic-depressive psychoses	73	171	244	-	3	3	-	2	2	5	11	16	3	6
Dementia praecox	223	316	539	1	3	4	1	1	2	29	21	50	19	13
Paranoia and paranoid conditions	21	19	40	-	-	-	-	-	-	-	-	-	-	-
With psychopathic personality	11	8	19	-	1	1	-	1	1	2	2	-	-	-
With mental deficiency	29	46	75	1	-	1	1	1	1	5	6	11	1	3
Undiagnosed psychoses	1	1	2	-	-	-	-	-	-	-	1	1	-	1
Without psychoses	6	11	17	-	-	-	-	-	-	-	1	1	-	-
Primary behavior disorders	-	1	1	-	1	1	-	1	1	-	-	-	-	-
Total With Mental Disorder	687	904	1,591	4	14	18	3	10	13	55	49	104	35	29
Total Without Mental Disorder	6	12	18	-	1	1	-	1	1	-	1	1	-	-
Grand Total.	693	916	1,609	4	15	19	3	11	14	55	50	105	35	29

TABLE 233. — Admission Age and Present Age of First Admissions Out (Visits, etc.) of Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex — Continued

DIAGNOSTIC GROUPINGS	20-29 YEARS						30-39 YEARS						40-49 YEARS					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	1	2	3	—	2	—	13	3	16	11	5	16	22	10	32	19	9	28
With syphilitic meningo-encephalitis	—	2	2	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—
With other forms of syphilis	—	1	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	8	2	10	8	1	9	1	2	3	1	2	3	26	9	35	23	9	32
Alcoholic psychoses	—	—	—	—	—	—	25	4	29	21	—	—	—	4	—	—	4	—
Due to drugs, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	3	—	3	3	—	3	—	—	—	—	—	—	3	2	2	3	—	3
With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other disturbances of circulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	8	1	16	7	9	16	1	6	7	3	3	6	8	2	10	6	5	11
Senile psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involuntional psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoneuroses	1	—	1	1	2	—	2	2	1	3	—	—	1	4	5	1	2	3
Manic-depressive psychoses	3	7	10	4	6	10	6	16	22	6	16	22	8	16	24	7	14	21
Dementia praecox	21	37	58	21	40	61	18	47	65	17	44	61	16	40	56	18	35	53
Paranoia and paranoid conditions	117	92	209	108	91	199	50	95	145	60	69	129	21	58	79	17	47	64
With psychopathic personality	—	—	—	—	—	—	4	—	—	4	—	—	5	9	14	3	4	7
With mental deficiency	1	3	4	2	3	5	5	—	5	3	8	11	3	1	3	4	3	7
Undiagnosed psychoses	11	11	22	11	8	19	4	10	14	3	—	—	7	10	17	10	13	23
Without psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	3	3	6	3	2	5	2	3	5	2	1	—	—	2	2	—	5	—
Total With Mental Disorder	174	174	348	165	171	336	130	192	322	133	160	293	125	212	337	118	180	298
Total Without Mental Disorder	3	3	6	3	2	5	2	3	5	2	1	3	—	2	2	—	5	5
Grand Total	177	177	354	168	173	341	132	195	327	135	161	296	125	214	339	118	185	303

TABLE 234. — Admission Age and Present Age of Readmitted Cases in Residence in Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex

DIAGNOSTIC GROUPINGS	TOTAL			0-14 YEARS				15-19 YEARS				20-29 YEARS			
				ADMISSION AGE		PRESENT AGE		ADMISSION AGE		PRESENT AGE		ADMISSION AGE		PRESENT AGE	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	165	46	211	-	-	-	-	2	1	3	2	-	4	3	6
With other forms of syphilis	21	11	32	-	-	-	-	-	-	-	-	-	1	1	2
With epidemic encephalitis	32	14	46	2	1	3	-	4	3	7	1	3	11	3	13
With other infectious diseases	-	2	2	-	-	-	-	-	1	1	-	-	-	-	-
Alcoholic psychoses	396	69	465	-	-	-	-	-	-	-	-	-	7	3	3
Due to drugs, etc.	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic psychoses	22	1	23	-	-	-	-	-	-	-	-	-	7	2	2
With cerebral arteriosclerosis	118	131	249	-	-	-	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	3	6	9	-	-	-	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy)	234	186	420	5	5	10	1	16	18	34	7	6	59	24	57
Senile psychoses	28	48	76	-	-	-	-	-	-	-	-	-	-	-	-
Involutional psychoses	52	129	181	-	-	-	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	6	18	24	-	-	-	-	-	1	1	-	-	1	3	4
Due to new growth	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	43	26	69	2	3	5	2	7	2	9	5	-	8	5	10
Psychoneuroses	44	49	93	-	-	-	-	2	2	2	1	-	5	4	10
Manic-depressive psychoses	425	694	1,119	-	-	-	-	2	9	13	7	7	50	29	60
Dementia praecox	2,765	2,740	5,505	1	3	4	1	75	39	114	13	13	764	136	374
Paranoia and paranoid conditions	87	181	268	-	-	-	-	-	10	14	2	3	-	17	16
With psychopathic personality	68	68	136	1	-	1	-	4	10	14	2	3	20	14	33
With mental deficiency	394	435	829	-	4	4	-	36	29	65	3	11	120	55	114
Undiagnosed psychoses	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Without psychoses	44	24	68	1	1	2	1	2	2	4	1	-	11	5	1
Primary behavior disorders	1	1	2	-	-	-	-	1	1	1	-	-	-	3	2
Total With Mental Disorder	4,909	4,859	9,768	11	16	27	1	150	113	263	34	44	1,057	280	689
Total Without Mental Disorder	45	25	70	1	1	2	1	3	2	5	1	-	11	6	10
Grand Total	4,954	4,884	9,838	12	17	29	2	153	115	268	35	44	1,068	284	699

TABLE 234. — Admission Age and Present Age of Readmitted Cases in Residence in Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex — Continued

DIAGNOSTIC GROUPINGS	30-39 YEARS						40-49 YEARS						50-59 YEARS					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	42	15	57	15	7	22	75	14	89	70	18	88	31	11	42	55	10	65
With other forms of syphilis	5	3	8	2	1	3	6	3	9	8	3	11	7	4	11	2	5	7
With epidemic encephalitis	9	5	14	12	5	17	5	1	6	3	2	5	—	—	—	4	1	—
With other infectious diseases	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	66	12	78	22	4	26	129	19	148	75	12	87	139	31	170	132	21	153
Due to drugs, etc.	—	—	—	—	—	—	4	—	4	—	—	—	—	—	—	2	—	—
Traumatic psychoses	—	—	—	4	—	4	7	1	8	6	—	6	3	—	2	2	1	3
With cerebral arteriosclerosis	3	—	3	—	—	—	1	5	6	2	4	6	2	32	53	5	—	5
With other disturbances of circulation	1	1	2	—	—	—	1	3	4	—	1	1	2	1	3	3	1	4
With convulsive disorders (epilepsy)	65	56	121	43	44	87	57	34	91	72	39	111	27	13	40	48	42	90
Senile psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Involutional psychoses	—	3	3	—	—	—	10	43	53	6	24	30	29	61	90	21	52	73
Due to other metabolic diseases, etc.	1	1	1	—	—	—	3	4	—	2	1	3	1	3	4	—	4	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	9	5	14	9	2	11	9	7	16	11	6	17	8	4	12	8	6	14
Psychoneuroses	13	15	28	6	12	18	13	14	27	11	14	29	9	7	16	11	11	22
Manic-depressive psychoses	76	153	229	54	110	164	112	195	307	91	153	244	115	164	279	102	165	267
Dementia praecox	1,044	850	1,894	633	451	1,084	595	779	1,374	925	709	1,634	236	437	673	553	718	1,271
Paranoia and paranoid conditions	14	18	32	5	10	15	25	52	77	24	32	56	33	69	102	24	53	77
With psychopathic personality	16	23	39	10	19	29	11	12	23	14	15	29	11	5	16	12	8	20
With mental deficiency	104	121	225	90	76	166	99	115	214	120	123	243	26	46	72	79	96	175
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	9	6	15	8	5	13	14	4	18	17	4	21	1	3	6	7	7	14
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder	1,469	1,284	2,753	905	746	1,651	1,162	1,302	2,464	1,446	1,157	2,603	701	893	1,594	1,072	1,209	2,281
Total Without Mental Disorder	9	6	15	8	5	13	11	4	18	17	4	21	3	3	6	7	7	14
Grand Total	1,478	1,290	2,768	913	751	1,664	1,176	1,306	2,482	1,463	1,161	2,624	704	896	1,600	1,079	1,216	2,295

TABLE 235. — Admission Age and Present Age of Readmitted Cases Out (Visits, etc.) of Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex

DIAGNOSTIC GROUPINGS	TOTAL			0-14 YEARS				15-19 YEARS				
				ADMISSION AGE		PRESENT AGE		ADMISSION AGE		PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	11	7	18	-	-	-	-	-	-	-	-	-
With other forms of syphilis	4	-	4	-	-	-	-	-	-	-	-	-
With epidemic encephalitis	-	4	4	-	-	-	-	-	-	-	-	-
Alcoholic psychoses	41	8	49	-	-	-	-	-	-	-	-	-
Due to drugs, etc.	2	1	3	-	-	-	-	-	-	-	-	-
Traumatic psychoses	4	-	4	-	-	-	-	-	-	-	-	-
With cerebral arteriosclerosis	8	16	24	-	-	-	-	-	-	-	-	-
With other disturbances of circulation	-	1	1	-	-	-	-	-	-	-	-	-
With convulsive disorders (epilepsy).	14	10	24	-	-	-	-	2	2	4	2	1
Senile psychoses	2	8	10	-	-	-	-	-	-	-	-	-
Involutional psychoses.	5	28	33	-	-	-	-	-	-	-	-	-
Due to other metabolic diseases, etc.	1	3	4	-	-	-	-	-	-	-	-	-
With organic changes of nervous system	8	6	14	-	-	-	-	1	-	1	-	1
Psychoneuroses	12	23	35	-	-	-	-	-	-	-	-	-
Manic-depressive psychoses	105	212	317	-	-	-	-	2	5	7	1	4
Dementia praecox.	199	236	435	1	-	1	-	10	4	14	8	2
Paranoia and paranoid conditions	8	18	26	-	-	-	-	-	-	-	-	-
With psychopathic personality	9	13	22	-	-	-	-	1	1	2	1	-
With mental deficiency	21	25	46	-	-	-	-	5	2	7	2	2
Undiagnosed psychoses	1	-	1	-	-	-	-	1	-	1	-	-
Without psychoses	7	3	10	-	-	-	-	1	-	1	1	-
Total With Mental Disorder	455	619	1,074	1	-	1	-	22	14	36	16	7
Total Without Mental Disorder.	7	3	10	-	-	-	-	1	-	1	-	-
Grand Total	462	622	1,084	1	-	1	-	23	14	37	16	7

TABLE 235. — Admission Age and Present Age of Readmitted Cases Out (Visits, etc.) of Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex — Continued

DIAGNOSTIC GROUPINGS	20-29 YEARS						30-39 YEARS						40-49 YEARS					
	ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE			ADMISSION AGE			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
With syphilitic meningo-encephalitis.	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other forms of syphilis.	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With epidemic encephalitis.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Alcoholic psychoses.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Due to drugs, etc.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Traumatic psychoses.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
With cerebral arteriosclerosis.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
With other disturbances of circulation.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
With convulsive disorders (epilepsy).	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Senile psychoses.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Involuntary psychoses.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Due to other metabolic diseases, etc.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
With organic changes of nervous system.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Psychoneuroses.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Manic-depressive psychoses.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Dementia praecox.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Paranoia and paranoid conditions.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
With psychopathic personality.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
With mental deficiency.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Undiagnosed psychoses.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Without psychoses.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Total With Mental Disorder.	119	121	240	98	95	193	126	149	275	105	132	237	91	144	235	111	142	253
Total Without Mental Disorder.	1	1	1	1	1	1	3	3	3	2	2	2	1	1	1	1	1	2
Grand Total.	120	121	241	99	95	194	129	149	278	107	132	239	91	145	236	112	143	255

TABLE 235. — Admission Age and Present Age of Readmitted Cases Out (Visits, etc.) of Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex — Concluded

DIAGNOSTIC GROUPINGS	50-59 YEARS				60-69 YEARS				70-79 YEARS				80-89 YEARS			
	ADMISSION AGE		PRESENT AGE		ADMISSION AGE		PRESENT AGE		ADMISSION AGE		PRESENT AGE		ADMISSION AGE		PRESENT AGE	
	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.
With syphilitic meningo-encephalitis	4	1	5	3	3	2	5	3	2	2	3	2	1	2	1	2
With other forms of syphilis	3	1	3	1	1	1	1	2	2	2	2	2	1	2	1	2
With epidemic encephalitis	9	1	1	1	9	1	9	8	7	1	8	8	2	10	1	2
Alcoholic psychoses	1	1	10	1	1	1	1	1	1	1	1	1	1	1	1	1
Due to drugs, etc.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Traumatic psychoses	2	4	6	6	2	3	5	2	3	9	12	2	9	11	3	4
With cerebral arteriosclerosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With other disturbances of circulation	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With convulsive disorders (epilepsy)	2	18	20	3	18	21	3	4	1	3	4	1	1	1	1	1
Senile psychoses	1	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2
Involuntary psychoses	1	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2
Due to other metabolic diseases, etc.	3	4	7	3	3	3	6	1	1	1	1	1	1	1	1	1
With organic changes of nervous system	18	40	58	19	38	57	9	28	37	9	28	37	10	30	40	5
Psychoneuroses	9	35	44	23	42	65	3	13	16	3	13	16	7	31	38	1
Manic-depressive psychoses	1	5	5	1	1	1	1	1	1	1	1	1	1	1	1	1
Dementia praecox	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Paranoia and paranoid conditions	2	1	3	2	1	3	1	1	2	1	2	1	1	2	1	2
With psychopathic personality	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
With mental deficiency	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Undiagnosed psychoses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Without psychoses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total With Mental Disorder	55	113	168	70	114	184	32	66	98	8	11	19	14	33	47	3
Total Without Mental Disorder	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Grand Total.	55	113	168	70	114	184	34	68	102	8	11	19	14	34	48	3

TABLE 237. — Age at Admission of Readmissions in Residence in Hospitals for Mental Disorders, September 30, 1938, by Hospital and Sex

HOSPITALS	TOTAL			0-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Boston State	389	525	914	—	—	—	23	15	38	120	112	232	94	140	234
Boston Psychopathic	10	14	24	—	—	—	—	2	2	1	5	6	3	3	6
Danvers	385	454	839	1	1	2	12	12	24	93	80	173	105	112	217
Foxborough	235	309	544	1	5	6	10	15	25	52	62	114	67	93	160
Gardner	309	269	578	1	1	2	8	4	12	59	41	100	111	59	170
Grafton	333	339	672	1	1	2	13	9	22	64	49	113	109	100	209
Medfield	281	776	1,057	—	2	2	6	8	14	71	82	153	68	164	232
Metropolitan	678	799	1,477	—	—	—	19	5	24	110	79	189	170	185	355
Northampton	233	317	550	—	—	—	10	1	11	52	40	92	51	75	126
Taunton	240	247	487	—	1	1	8	6	14	51	38	89	66	70	136
Westborough	259	368	627	1	2	3	7	15	22	60	46	106	72	78	150
Worcester	401	456	857	2	2	4	16	4	20	104	67	171	99	132	231
Monson	86	105	191	4	4	8	6	14	20	27	38	65	20	24	44
McLean	30	59	89	—	—	—	1	—	1	9	9	18	7	14	21
Bridgewater	288	288	576	—	—	—	14	—	14	84	—	84	84	—	84
Tewksbury	582	128	710	1	—	1	—	5	5	4	24	28	6	41	47
Veterans' Adm. Facility No. 107	197	—	197	—	—	—	—	—	—	55	—	55	247	—	247
Veterans' Adm. Facility No. 95	—	—	—	—	—	—	—	—	—	52	—	52	99	—	99
Total	4,954	4,884	9,838	12	17	29	153	115	268	1,068	772	1,840	1,478	1,290	2,768

HOSPITALS	40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Boston State	70	127	197	51	80	131	24	39	63	6	9	15	1	3	4	—	—
Boston Psychopathic	3	3	6	3	1	4	—	—	—	—	—	—	—	—	—	—	—
Danvers	76	133	209	55	67	122	31	35	66	9	12	21	3	2	5	—	—
Foxborough	47	61	108	39	46	85	15	20	35	4	3	7	—	2	2	—	2
Gardner	80	65	145	29	67	96	16	30	46	5	2	7	—	2	2	—	—
Grafton	79	96	175	42	55	97	20	23	43	5	4	9	—	1	2	—	—
Medfield	70	135	205	42	61	103	21	41	62	3	3	1	—	2	1	—	—
Metropolitan	182	242	424	156	221	377	38	53	91	3	14	17	—	2	4	—	—
Northampton	41	71	112	41	71	112	19	31	50	6	6	12	2	2	4	—	—
Taunton	53	64	117	43	37	80	15	22	37	2	6	8	2	3	5	—	—
Westborough	50	103	153	37	75	112	25	33	58	6	17	23	1	1	2	—	—
Worcester	75	127	202	68	72	140	28	39	67	7	10	17	2	3	5	—	—
Monson	20	17	37	6	6	13	1	2	3	2	2	4	—	—	—	—	—
McLean	5	12	17	2	14	16	3	8	11	3	1	4	—	1	1	—	—
Bridgewater	45	—	45	45	—	45	13	6	13	3	—	3	—	—	—	—	—
Tewksbury	5	30	35	2	22	24	—	6	6	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 107	226	—	226	56	—	56	18	—	18	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	38	—	38	7	—	7	1	—	1	—	—	—	—	—	—	—	—
Total	1,176	1,306	2,482	704	896	1,600	288	381	669	64	85	149	11	20	31	—	2

TABLE 238. — *Present Age of First Admissions in Residence in Hospitals for Mental Disorders, September 30, 1938, by Hospital and Sex*

HOSPITALS	TOTAL			0-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS					
	M.		T.	M.		T.	M.		T.	M.		T.	M.		T.			
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.				
Boston State	656	816	1,472	3	1	4	6	3	9	64	47	111	105	94	199			
Boston Psychopathic	27	26	53	1	1	2	13	5	8	81	7	11	3	5	8			
Danvers	720	793	1,513	1	2	3	13	13	26	81	64	145	119	107	226			
Foxborough	414	447	861	2	4	6	3	9	12	46	47	93	83	64	147			
Gardner	521	334	855	—	—	—	3	2	3	19	15	34	55	24	79			
Grafton	427	411	838	—	—	—	1	4	2	19	9	28	44	39	83			
Medfield	462	574	1,036	—	—	—	2	2	6	28	18	46	55	39	110			
Metropolitan	180	207	387	—	—	—	4	2	3	10	8	18	40	16	56			
Northampton	691	779	1,470	—	2	2	7	11	18	74	70	144	123	109	232			
Taunton	593	613	1,206	—	—	—	7	10	17	54	39	93	91	87	178			
Westborough	423	540	963	—	1	1	8	4	12	64	48	112	72	65	137			
Worcester	763	744	1,507	1	2	3	8	11	19	72	50	122	132	111	243			
Monson	150	214	364	8	8	16	14	9	23	24	33	57	32	36	68			
McLean	42	76	118	—	—	—	2	1	3	3	2	5	6	8	14			
Bridgewater	607	—	607	1	—	1	—	—	—	48	—	48	87	—	87			
Tewksbury	62	261	323	—	—	—	—	—	—	1	2	3	3	19	22			
Veterans' Adm. Facility No. 107	252	—	252	—	—	—	—	—	—	1	—	—	27	—	27			
Veterans' Adm. Facility No. 95	162	—	162	—	—	—	—	—	—	—	—	—	20	—	20			
Total	7,152	6,835	13,987	17	21	38	80	79	159	612	459	1,071	1,097	839	1,936			
HOSPITALS	40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			90 YEARS AND OVER		
	M.		T.	M.		T.	M.		F.	T.	M.		F.	T.	M.		F.	T.
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.	
Boston State	99	158	257	136	172	308	146	182	328	87	128	215	10	30	40	—	1	1
Boston Psychopathic	7	4	11	4	4	8	1	3	4	1	—	1	—	—	—	1	—	1
Danvers	145	153	298	131	169	300	128	153	281	76	92	168	25	38	63	1	2	3
Foxborough	66	93	159	105	103	208	62	73	135	38	43	81	8	11	19	1	—	1
Gardner	119	83	202	176	113	289	107	59	166	34	34	68	10	4	14	—	—	—
Grafton	80	90	170	133	106	239	90	105	195	51	50	101	6	10	16	—	—	—
Medfield	62	128	190	142	142	284	105	126	231	61	90	151	4	11	15	3	2	5
Metropolitan	36	55	91	54	55	109	34	42	76	6	24	30	7	7	7	—	—	—
Northampton	135	169	304	146	136	282	114	152	266	71	95	166	17	34	51	4	1	5
Taunton	112	113	225	117	121	238	117	114	231	75	103	178	19	23	42	1	3	4
Westborough	61	115	176	93	105	198	67	104	171	42	73	115	16	23	39	2	2	2
Worcester	147	170	317	173	169	342	136	127	263	75	82	157	16	20	36	3	2	5
Monson	21	42	63	22	42	64	20	34	54	8	9	17	1	1	2	—	—	—
McLean	2	12	14	6	16	22	12	25	37	5	10	15	6	1	7	—	1	1
Bridgewater	150	—	150	152	—	—	118	—	—	40	—	40	11	—	—	—	—	—
Tewksbury	10	48	58	21	73	94	22	78	100	5	32	37	—	9	—	—	—	—
Veterans' Adm. Facility No. 107	176	—	176	33	—	33	11	—	—	—	—	—	—	—	—	—	—	—
Veterans' Adm. Facility No. 95	120	—	120	17	—	17	5	—	—	—	—	—	—	—	—	—	—	—
Total	1,548	1,433	2,981	1,661	1,526	3,187	1,295	1,377	2,672	679	865	1,544	149	222	371	14	14	28

TABLE 240. — Age at Admission of First Admissions Out (Visits, etc.) of Hospitals for Mental Disorders, September 30, 1938, by Hospital and Sex

HOSPITALS	TOTAL			0-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Boston State	74	90	164	—	2	2	6	8	14	11	14	25	12	15	27	9	19	28	12	11	23	10	11	21	14	9	23	—	—	—		
Boston Psychopathic	26	10	36	—	1	1	1	2	3	9	2	11	5	2	7	7	2	9	3	1	4	5	7	1	2	3	5	—	—	—		
Danvers	77	131	208	—	6	11	17	24	27	24	27	51	15	26	41	14	33	47	11	22	33	5	7	12	2	3	5	—	—	—		
Foxborough	31	35	66	—	4	2	6	10	14	10	10	24	4	6	10	3	7	10	2	7	9	3	2	5	1	—	—	—	—	—		
Gardner	15	74	89	—	2	2	5	7	12	14	17	33	2	26	28	3	19	22	2	15	17	1	6	7	—	—	—	—	—	—		
Grafton	6	11	17	—	—	—	2	2	4	1	2	3	7	12	19	2	3	5	1	4	5	1	5	6	1	—	—	—	—	—	—	
Medfield	26	38	64	—	3	2	5	2	5	4	5	9	7	12	19	6	11	17	4	3	7	1	5	6	1	—	—	—	—	—	—	
Metropolitan	6	6	12	—	—	—	1	2	1	3	4	5	—	—	—	2	1	3	1	1	3	2	8	13	21	2	6	8	—	—	—	
Northampton	116	112	228	—	2	2	11	2	11	34	29	63	26	20	46	20	22	42	17	17	34	8	13	21	4	2	6	—	—	—	—	
Taunton	71	84	155	—	1	1	2	8	16	21	19	40	13	17	30	10	21	31	11	11	22	3	5	8	2	4	6	—	—	—	—	
Westborough	64	102	166	—	1	1	4	5	9	12	20	32	12	26	38	12	23	35	12	17	29	6	7	13	5	3	8	—	—	—	—	
Worcester	143	183	326	—	2	5	10	34	29	34	29	63	28	40	68	27	49	76	25	39	64	15	12	27	6	6	12	3	1	4	4	
Monson	20	21	41	—	2	5	7	4	5	6	8	14	1	2	3	6	1	7	1	1	4	1	4	5	1	—	—	—	—	—	—	
McLean	9	19	28	—	1	1	1	1	1	1	1	2	4	3	7	1	3	4	1	4	5	1	4	5	1	2	3	—	—	—	—	
Veterans' Adm. Facility No. 107	9	—	9	—	—	—	—	—	—	—	—	—	3	—	3	3	—	3	1	—	1	2	—	2	—	—	—	—	—	—	—	—
Total	693	916	1,609	4	15	19	177	177	354	132	195	327	125	214	339	57	74	131	104	152	256	57	74	131	36	32	68	3	7	10	—	—

TABLE 241. — Age at Admission of Readmissions Out (Visits, etc.) of Hospitals for Mental Disorders, September 30, 1938, by Hospital and Sex

HOSPITALS	TOTAL			0-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40-49 YEARS			50-59 YEARS			60-69 YEARS			70-79 YEARS			80-89 YEARS			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
Boston State	55	48	103	—	—	—	4	1	5	23	13	36	13	9	22	7	11	18	4	12	16	2	2	4	2	—	—	—	—	—	
Boston Psychopathic	6	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Danvers	47	94	141	—	—	—	3	3	6	14	21	35	14	22	36	5	18	23	6	21	27	4	8	12	—	—	—	1	1	2	
Foxborough	21	32	53	—	—	—	1	2	3	4	5	9	9	12	18	5	5	10	2	5	7	2	3	5	1	—	—	—	—	—	
Gardner	11	66	77	—	—	—	—	—	—	4	5	9	3	16	19	2	14	16	1	16	17	1	15	16	—	—	—	—	—	—	
Grafton	5	10	15	—	—	—	—	—	—	2	2	4	1	3	4	1	3	4	—	1	1	1	1	1	1	—	—	—	—	—	
Medfield	19	34	53	—	—	—	—	—	—	1	7	6	13	6	8	3	8	11	1	7	8	1	5	6	—	—	—	—	—	—	
Metropolitan	16	25	41	—	—	—	2	2	4	4	6	10	7	6	13	1	5	6	2	4	6	2	4	4	—	—	—	—	—	—	
Northampton	68	71	139	—	—	—	2	2	4	20	14	34	12	13	25	16	18	34	10	16	26	7	5	12	1	3	4	—	—	—	
Taunton	24	36	60	—	—	—	1	3	4	4	8	12	9	12	21	4	5	9	3	4	7	3	4	7	—	—	—	—	—	—	
Westborough	44	72	116	—	—	—	2	1	3	8	14	22	15	21	36	4	20	24	7	12	19	6	4	10	2	—	—	—	—	—	
Worcester	90	116	206	1	—	1	5	1	6	23	23	46	24	23	47	19	33	52	12	14	26	4	17	21	2	5	7	—	—	—	
Monson	8	4	12	—	—	—	1	1	2	3	1	4	1	1	2	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	
McLean	9	12	21	—	—	—	—	—	—	—	3	3	2	1	3	3	4	7	2	1	3	2	1	3	—	—	—	—	—	—	
Bridgewater	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tewksbury	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
Veterans' Adm. Fac.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
No. 107	32	—	32	—	—	—	—	—	—	3	—	3	13	—	13	13	—	13	3	—	3	—	—	—	—	—	—	—	—	—	—
Veterans Adm. Fac.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
No. 95	5	—	5	—	—	—	—	—	—	—	—	—	2	—	2	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	462	622	1,084	1	—	1	23	14	37	120	121	241	129	149	278	91	145	236	55	113	168	34	68	102	8	11	19	1	1	2	

TABLE 244. — *Diagnoses and Net Time in Institution During THIS Admission, FIRST AND READMISSIONS, in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex — Concluded*

DIAGNOSTIC GROUPINGS	4 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	51	12	63	132	32	164	67	18	85	14	9	23		5	4	9	1	2	3		
With other forms of syphilis	4	5	9	30	7	37	12	1	13	3	2	5		1	5	6					
With epidemic encephalitis	4	1	5	20	18	38	12	6	18	2	1	3									
With other infectious diseases	2	2	4	1		1		2	2	1				1		1					
Alcoholic psychoses	56	5	61	275	39	314	133	18	151	74	16	90		129	32	161	40	6	46	6	6
Due to drugs, etc.				1	1	2	1							1	2	3					
Traumatic psychoses	3	2	5	16	1	17	4	3	7					5	1	6	1				
With cerebral arteriosclerosis	59	40	99	85	118	203	22	38	60	5	4	9			2	2					
With other disturbances of circulation		1	1	1	4	5		2	2					1							
With convulsive disorders (epilepsy)	29	22	51	114	86	200	77	93	170	46	56	102		47	77	124	9	19	28	1	1
Senile psychoses	22	23	45	43	68	111	14	25	39	3	11	14			1	1		1	1		
Involuntal psychoses	14	31	45	57	73	130	7	33	40	5	18	23			17	18		1	1		
Due to other metabolic diseases, etc.	2	4	6	12	17	29	1	4	5	1	3	4		1	3	4	1		1		
Due to new growth																					
With organic changes of nervous system	9	7	16	30	20	50	18	7	25	3	1	4			2	2	1	1	2		
Psychoneuroses	6	5	11	8	16	24	7	12	19	1	1	2			2	2					
Manic-depressive psychoses	47	57	104	179	276	455	65	132	197	35	77	112		33	72	105	7	20	27	5	9
Dementia praecox	240	272	512	1,515	1,475	2,990	894	976	1,870	661	675	1,336		814	895	1,709	359	285	644	76	64
Paranoia and paranoid conditions	10	25	35	56	112	168	24	60	84	15	27	42		4	25	29	4	11	15	2	2
With psychopathic personality	10	6	16	18	17	35	16	21	37	10	9	19		4	2	6	2	4	6		
With mental deficiency	47	53	100	263	250	513	133	127	260	85	88	173		120	107	227	39	30	69	10	5
Undiagnosed psychoses																					
Without psychoses:																					
Alcoholism																					
Drug addiction																					
Disorders due to epidemic encephalitis	1		1																		
Psychopathic personality:																					
With pathological sexuality																					
With pathological emotionality																					
With social or amoral trends																					
Mixed types		1	1																		
Epilepsy																					
Mental deficiency:									1												
Idiot				2	1	3	2		2		1	1		1		1	1		1		
Imbecile	2		2	4	4	6	5		5	2		2		4	2	6		3	3		
Moron				4		4	2	1	3	4		4		8	5	13	1		1		
Other non-psychotic diseases or conditions	1		1	1	1	1				1	1	2		1	2	3	1		1		
No other condition																					
Primary behavior disorders																					
Total With Mental Disorder	613	573	1,186	2,856	2,630	5,486	1,507	1,578	3,085	968	1,001	1,969		1,167	1,249	2,416	464	380	844	99	74
Total Without Mental Disorder	4	1	5	9	6	15	10	1	11	7	2	9		14	9	23	3	3	6		
Grand Total	617	574	1,191	2,865	2,636	5,501	1,517	1,579	3,096	975	1,003	1,978		1,181	1,258	2,439	467	383	850	99	74
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TABLE 245. — *Diagnoses and Net Time in Institution During THIS Admission, FIRST ADMISSIONS in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex*

DIAGNOSTIC GROUPINGS	TOTAL			UNDER 3 MONTHS			3-5 MONTHS			6-11 MONTHS			1 YEAR			2 YEARS			3 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis . . .	422	119	541	36	11	47	29	6	35	34	5	39	60	16	76	37	10	47	40	14	54
With other forms of syphilis . . .	62	25	87	3	3	5	—	—	—	5	1	6	5	3	8	5	1	6	6	1	7
With epidemic encephalitis . . .	24	21	45	—	—	—	—	—	—	—	1	1	3	—	—	2	2	4	2	1	3
With other infectious diseases . . .	5	8	13	1	2	3	—	—	—	—	1	1	—	—	—	—	—	—	1	—	1
Alcoholic psychoses . . .	773	131	904	52	7	59	43	10	53	47	11	58	63	11	74	52	7	59	39	8	47
Due to drugs, etc. . .	2	6	8	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses . . .	44	14	58	5	5	5	2	—	—	3	3	6	9	2	11	3	1	4	1	2	3
With cerebral arteriosclerosis . . .	572	1,144	1,716	73	49	122	47	57	104	86	69	155	101	136	237	77	70	147	48	31	79
With other disturbances of circulation . . .	16	10	26	4	2	6	2	—	—	—	—	—	1	—	—	3	2	5	5	—	5
With convulsive disorders (epilepsy) . . .	253	302	555	7	9	16	5	6	11	11	8	19	23	21	44	16	22	38	20	22	42
Senile psychoses . . .	224	363	587	26	32	58	34	28	62	29	43	72	35	81	116	18	45	63	14	31	45
Involutional psychoses . . .	122	292	414	9	28	37	8	17	25	11	27	38	14	52	66	11	34	45	7	27	34
Due to other metabolic diseases, etc. . .	36	44	80	4	5	9	1	5	6	3	4	7	6	6	12	4	3	7	4	1	5
Due to new growth . . .	1	2	3	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
With organic changes of nervous system . . .	108	62	170	9	8	17	2	6	8	19	4	23	17	14	31	15	8	23	9	2	11
Psychoneuroses . . .	38	70	108	10	13	23	4	7	11	3	9	12	8	10	18	3	5	8	1	6	7
Manic-depressive psychoses . . .	313	539	852	23	46	69	20	26	46	19	30	49	28	55	83	30	57	87	28	39	67
Dementia praecox . . .	3,290	3,371	6,661	68	86	154	121	60	181	111	76	187	159	191	350	160	158	318	147	180	327
Paranoia and paranoid conditions . . .	149	289	438	12	16	28	9	11	20	16	7	23	8	30	38	16	31	47	13	29	42
With psychopathic personality . . .	58	50	108	4	2	6	5	1	6	8	5	13	8	6	14	5	3	8	2	4	6
With mental deficiency . . .	565	506	1,071	18	15	33	19	14	33	19	16	35	26	31	57	40	35	75	29	31	60
Undiagnosed psychoses . . .	1	5	6	—	5	5	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Without psychoses:																					
Alcoholism . . .	7	2	9	6	2	8	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction . . .	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality:																					
With pathological sexuality . . .	3	1	4	2	1	3	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
With asocial or amoral trends . . .	4	—	4	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed types . . .	3	—	3	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy . . .	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency:																					
Idiot . . .	9	3	12	—	—	—	2	2	4	—	—	—	—	—	—	1	—	1	—	—	—
Imbecile . . .	12	13	25	—	—	—	—	1	1	—	—	—	1	1	2	1	1	2	—	1	1
Moron . . .	16	3	19	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other non-psychotic diseases or conditions . . .	8	9	17	4	5	9	—	1	1	—	—	—	1	—	—	1	2	3	—	—	—
No other condition . . .	5	1	6	3	—	3	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Primary behavior disorders . . .	5	2	7	5	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder . . .	7,078	6,801	13,879	365	342	707	351	255	606	425	321	746	575	665	1,240	497	496	993	417	429	845
Total Without Mental Disorder . . .	74	34	108	31	12	43	4	4	8	1	—	1	2	1	3	4	3	7	1	1	2
Grand Total . . .	7,152	6,835	13,987	396	354	750	355	259	614	426	321	747	577	666	1,243	501	499	1,000	418	430	848

TABLE 245. — *Diagnoses and Net Time in Institution During THIS Admission, FIRST ADMISSIONS in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex — Concluded*

DIAGNOSTIC GROUPINGS	4 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis . . .	43	9	52	81	26	107	51	12	63	6	5	11	4	4	8	1	1	2	—	—	—
With other forms of syphilis . . .	4	5	9	21	4	25	10	1	11	2	2	4	1	5	6	—	—	—	—	—	—
With epidemic encephalitis . . .	—	1	2	9	11	20	6	4	10	1	1	2	—	—	—	—	—	—	—	—	—
With other infectious diseases . . .	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses . . .	42	4	46	167	21	188	87	10	97	45	12	57	96	25	121	36	5	41	4	—	—
Due to drugs, etc. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses . . .	3	2	5	—	9	10	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis . . .	49	32	81	72	97	169	16	28	44	3	2	5	3	1	3	1	—	1	—	—	—
With other disturbances of circulation . . .	—	1	—	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy) . . .	11	12	23	60	53	113	39	55	94	31	34	65	23	45	68	7	14	21	—	1	1
Senile psychoses . . .	15	17	32	39	52	91	11	22	33	11	14	14	—	—	—	—	—	—	—	—	—
Infantile psychoses . . .	9	14	23	41	48	89	6	25	31	5	11	16	1	8	9	—	1	1	—	—	—
Due to other metabolic diseases, etc. . .	2	3	5	10	11	21	1	2	3	—	—	—	1	2	3	—	—	—	—	—	—
Due to new growth . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system . . .	7	7	14	19	8	27	9	3	12	1	1	1	—	—	—	1	1	2	—	—	—
Psychoneuroses . . .	2	2	4	3	7	10	4	9	13	—	1	1	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses . . .	27	32	59	75	127	202	31	59	90	16	27	43	12	29	41	3	10	13	1	2	3
Dementia praecox . . .	130	131	261	627	689	1,316	489	592	1,081	404	380	784	564	576	1,140	252	201	453	58	51	109
Paranoia and paranoid conditions . . .	9	14	23	30	70	100	18	40	58	10	14	24	2	19	21	4	8	12	2	—	—
With psychopathic personality . . .	5	2	7	37	4	11	5	10	15	5	8	13	3	2	5	1	3	4	—	—	—
With mental deficiency . . .	28	32	60	135	126	261	82	73	155	53	54	107	78	59	137	32	18	50	6	2	8
Undiagnosed psychoses . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses:																					
Alcoholism . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality:																					
With pathologic I sexuality . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With asocial or amoral trends . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed types . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enfeeblement . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency:																					
Idiot . . .	—	—	—	2	—	2	2	—	2	—	1	1	1	1	—	1	—	1	—	—	—
Imbecile . . .	1	—	1	2	4	6	3	—	3	—	—	—	4	2	6	—	3	3	—	—	—
Moron . . .	—	—	—	1	—	1	1	—	1	—	3	—	6	1	7	1	—	1	—	—	—
Other non-psychotic diseases or conditions . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No other condition . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder . . .	387	322	709	1,406	1,357	2,763	868	951	1,819	588	566	1,154	790	778	1,568	338	263	601	71	56	127
Total Without Mental Disorder . . .	1	—	1	6	5	11	6	—	6	4	2	6	11	3	14	3	3	6	—	—	—
Grand Total . . .	388	322	710	1,412	1,362	2,774	874	951	1,825	592	568	1,160	801	781	1,582	341	266	607	71	56	127

TABLE 246. — *Diagnoses and Net Time in Institution During THIS Admission, READMISSIONS in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex — Concluded*

DIAGNOSTIC GROUPINGS	4 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-29 YEARS			30-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	8	3	11	51	6	57	16	6	22	8	4	12	1	—	1	1	—	—	—	—	—
With other forms of syphilis	—	—	—	9	3	12	2	2	2	1	—	1	—	—	—	—	—	—	—	—	—
With epidemic encephalitis	3	—	3	11	7	18	6	2	8	1	—	1	—	—	—	—	—	—	—	—	—
With other infectious diseases	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	14	1	15	108	18	126	46	8	54	29	4	33	33	7	40	4	1	5	2	—	2
Due to drugs, etc.	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	—	—	—	7	7	14	1	—	—	2	2	2	2	2	1	—	—	—	—	—	—
With cerebral arteriosclerosis	10	8	18	13	21	34	6	10	16	2	2	4	1	1	3	—	—	—	—	—	—
With other disturbances of circulation	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	18	10	28	54	33	87	38	38	76	15	22	37	24	32	56	2	5	7	—	—	—
Senile psychoses	7	6	13	16	25	41	1	3	6	—	—	—	—	—	—	—	—	—	—	—	—
Involuntary psychoses	5	17	22	16	25	41	1	8	9	—	7	7	—	9	9	—	—	—	—	—	—
Due to other metabolic diseases, etc.	—	1	1	2	6	8	—	2	2	1	1	2	—	1	1	1	—	—	—	—	—
Due to new growth	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	2	—	2	11	12	23	9	4	13	2	1	3	—	1	1	—	—	—	—	—	—
Psychoneuroses	4	3	7	5	9	14	3	3	6	1	—	1	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	20	25	45	103	149	253	34	73	107	19	50	69	21	43	64	4	10	14	4	2	6
Dementia praecox	110	141	251	888	786	1,674	405	384	789	257	295	552	250	319	569	107	84	191	18	13	31
Paranoia and paranoid conditions	1	11	12	26	42	68	6	20	26	5	13	18	2	6	8	—	3	—	—	—	—
With psychopathic personality	5	4	9	11	13	24	11	11	22	5	1	6	1	1	1	1	1	2	—	—	—
With mental deficiency	19	21	40	128	124	252	51	54	105	32	34	66	42	48	90	7	12	19	4	3	7
Undiagnosed psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses:																					
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disorders due to epidemic encephalitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychopathic personality:																					
With pathological emotionality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With asocial or amoral trends	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mixed types	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epilepsy	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental deficiency:																					
Idiot	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Imbecile	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Moron	1	—	1	—	—	3	1	1	2	2	1	2	2	4	6	—	—	—	—	—	—
Other non-psychotic diseases or conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No other condition	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder	226	251	477	1,450	1,273	2,723	639	627	1,266	380	435	815	377	471	848	126	117	243	28	18	46
Total Without Mental Disorder	3	1	4	3	1	4	4	1	5	3	—	3	3	6	9	—	—	—	—	—	—
Grand Total	229	252	481	1,453	1,274	2,727	643	628	1,271	383	435	818	380	477	857	126	117	243	28	18	46

TABLE 247. — *Diagnoses and Net Time in Institution During PREVIOUS Admissions, READMISSIONS in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex*

DIAGNOSTIC GROUPINGS	TOTAL		UNDER 3 MONTHS		3-5 MONTHS		6-11 MONTHS		1 YEAR		2 YEARS		3 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
With syphilitic meningo-encephalitis . . .	165	46	211	44	31	9	40	28	2	30	17	4	21	12
With other forms of syphilis . . .	21	11	32	6	2	1	3	8	1	9	3	1	4	1
With epidemic encephalitis . . .	32	14	46	22	3	1	4	3	1	4	2	1	3	1
With other infectious diseases . . .	—	2	2	2	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses . . .	396	69	465	107	14	3	46	44	10	54	32	5	37	16
Due to drugs, etc. . .	5	2	7	2	—	—	—	1	1	2	—	—	—	5
Traumatic psychoses . . .	22	1	23	7	4	—	4	4	—	4	—	—	—	—
With cerebral arteriosclerosis . . .	118	131	249	53	56	109	17	16	33	15	1	—	1	3
With other disturbances of circulation . . .	3	6	9	2	3	5	—	1	1	28	5	6	11	6
With convulsive disorders (epilepsy) . . .	234	186	420	72	49	121	33	25	58	54	13	12	25	11
Senile psychoses . . .	28	48	76	12	21	33	1	6	7	5	19	3	6	2
Involuntary psychoses . . .	52	129	181	14	43	57	10	19	29	27	12	17	29	3
Due to other metabolic diseases, etc. . .	6	18	24	1	4	5	—	—	6	6	—	1	1	—
Due to new growth . . .	—	2	2	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system . . .	43	26	69	16	13	29	2	2	4	4	8	2	10	5
Psychoneuroses . . .	44	49	93	17	19	36	9	8	17	6	15	2	7	1
Manic-depressive psychoses . . .	425	694	1,119	87	110	197	51	85	136	12	37	15	3	5
Dementia praecox . . .	2,765	2,740	5,505	473	421	894	203	215	418	179	250	214	64	189
Paranoia and paranoid conditions . . .	87	181	268	24	50	74	8	12	20	31	362	372	734	31
With psychopathic personality . . .	68	68	136	22	23	45	12	4	16	3	10	25	35	47
With mental deficiency . . .	394	435	829	72	59	131	22	26	48	77	19	4	8	13
Undiagnosed psychoses . . .	1	1	2	1	1	2	—	—	—	—	4	4	8	5
Without psychoses . . .	44	24	68	13	4	17	4	3	7	5	22	29	51	29
Primary behavior disorders . . .	1	1	2	—	—	—	—	—	—	—	2	2	4	2
Total With Mental Disorder . . .	4,909	4,859	9,768	1,028	914	1,942	454	435	889	1,127	404	369	773	317
Total Without Mental Disorder . . .	45	25	70	13	5	18	4	3	7	5	2	2	4	2
Grand Total . . .	4,954	4,884	9,838	1,041	919	1,960	458	438	896	1,132	406	371	777	319

TABLE 248. — *Color in Cases in Residence in Hospitals for Mental Disorders on September 30, 1938, by Diagnoses and Sex*

DIAGNOSTIC GROUPINGS	TOTAL			WHITE			BLACK ¹			MULATTO ²			YELLOW ³			OTHERS ⁴			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	587	165	752	557	155	712	16	5	21	7	3	10	1	—	1	6	2	8	—	—	—
With other forms of syphilis	83	36	119	74	34	108	4	2	6	2	—	2	2	—	2	—	—	1	—	—	—
With epidemic encephalitis	56	35	91	55	34	89	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
With other infectious diseases	5	10	15	5	10	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcoholic psychoses	1,169	200	1,369	1,139	190	1,329	22	10	32	3	—	3	—	—	1	4	—	4	—	—	—
Due to drugs, etc.	7	8	15	7	8	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Traumatic psychoses	66	15	81	65	15	80	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
With cerebral arteriosclerosis	690	703	1,393	668	684	1,352	16	19	35	1	—	1	1	—	1	4	—	4	—	—	—
With other disturbances of circulation	19	16	35	19	16	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With convulsive disorders (epilepsy)	487	488	975	477	480	957	6	6	12	2	1	3	—	—	—	2	1	3	—	—	—
Senile psychoses	252	411	663	250	405	655	2	5	7	—	—	—	—	—	—	—	—	1	1	—	—
Involutional psychoses	174	421	595	174	419	593	—	—	—	—	—	1	1	—	—	—	—	1	1	—	—
Due to other metabolic diseases, etc.	42	62	104	42	61	103	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Due to new growth	1	4	5	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With organic changes of nervous system	151	88	239	148	86	234	3	1	4	—	—	—	—	—	—	—	—	1	1	—	—
Psychoneuroses	82	119	201	81	119	200	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Manic-depressive psychoses	738	1,233	1,971	725	1,202	1,927	8	26	34	3	4	7	1	—	1	1	1	2	—	—	—
Dementia praecox	6,055	6,111	12,166	5,874	5,955	11,829	119	109	228	23	26	49	20	1	21	18	19	37	1	1	2
Paranoia and paranoid conditions	236	470	706	228	462	690	6	8	14	—	—	—	2	—	2	—	—	—	—	—	—
With psychopathic personality	126	118	244	120	113	233	6	4	10	—	1	1	—	—	—	—	—	—	—	—	—
With mental deficiency	959	941	1,900	936	916	1,852	18	17	35	3	3	6	—	—	—	2	5	7	—	—	—
Undiagnosed psychoses	2	6	8	2	4	6	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Without psychoses	113	56	169	112	56	168	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Primary behavior disorders	6	3	9	6	3	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total With Mental Disorder	11,987	11,660	23,647	11,647	11,371	23,018	229	217	446	44	39	83	28	1	29	38	31	69	1	1	2
Total Without Mental Disorder	119	59	178	118	59	177	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Grand Total	12,106	11,719	23,825	11,765	11,430	23,195	230	217	447	44	39	83	28	1	29	38	31	69	1	1	2

¹African black.²African part black or mulatto.³Chinese and Japanese.⁴Includes Portuguese Brava and all others.

TABLE 249. — *Color in Admissions, Discharges, Deaths, Resident Population and Patients Out, September 30, 1938, First and Readmissions, by Sex*

	TOTAL			WHITE			BLACK ¹			MULATTO ²			YELLOW ³			OTHERS ⁴			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Admissions:																					
First admissions	2,791	2,189	4,980	2,692	2,132	4,824	74	43	117	6	1	7	8	-	8	11	13	24	-	-	-
Readmissions	1,037	879	1,916	1,007	855	1,862	28	24	52	-	-	-	1	-	1	1	-	1	-	-	-
Discharges:																					
First admissions	1,822	1,301	3,123	1,760	1,275	3,035	54	19	73	2	4	6	2	-	2	4	3	7	-	-	-
Readmissions	816	671	1,487	788	652	1,440	20	18	38	4	1	5	-	-	-	4	-	4	-	-	-
Deaths:																					
First admissions	646	586	1,232	625	565	1,190	19	21	40	-	-	-	2	-	2	-	-	-	-	-	-
Readmissions	227	245	472	224	241	465	3	4	7	-	-	-	-	-	-	-	-	-	-	-	-
Resident Population:																					
First admissions	7,152	6,835	13,987	6,930	6,674	13,604	152	115	267	29	23	52	17	-	17	24	22	46	-	1	1
Readmissions	4,954	4,884	9,838	4,835	4,756	9,591	78	102	180	15	16	31	11	1	12	14	9	23	1	-	1
Patients Out:																					
First admissions	693	916	1,609	679	900	1,579	6	11	17	2	1	3	2	-	2	4	4	8	-	-	-
Readmissions	462	622	1,084	455	611	1,066	2	10	12	-	1	1	1	-	1	4	-	4	-	-	-

¹African black.²African part black or mulatto.³Chinese and Japanese.⁴Includes Portuguese Brava and all others.

TABLE 250. — *Diagnoses of Admissions, Discharges, Deaths, 1938, and Cases in Residence and Cases Out of Institutions on September 30, 1938, by Status of Admission and Sex*

DIAGNOSTIC GROUPINGS	ADMISSIONS						DISCHARGES						DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis	149	39	188	23	7	30	56	19	75	19	7	26	56	14	70	9	2	11
With other forms of syphilis	14	9	23	4	1	5	7	5	12	1	1	2	5	4	9	1	—	1
With epidemic encephalitis	1	3	4	2	1	3	1	1	2	3	1	4	3	1	4	2	—	2
With other infectious diseases	7	12	19	—	—	—	6	4	10	—	—	—	2	2	4	1	—	1
Alcoholic psychoses	394	67	461	142	15	157	333	45	378	133	18	151	48	6	54	26	10	36
Due to drugs, etc.	11	18	29	6	6	12	13	14	27	6	7	13	1	2	3	—	1	1
Traumatic psychoses	25	8	33	4	—	4	12	4	16	5	—	5	1	1	2	2	—	2
With cerebral arteriosclerosis	417	393	810	53	53	106	120	99	219	17	22	39	252	236	488	35	22	57
With other disturbances of circulation	22	18	40	—	2	2	8	15	23	1	2	3	10	11	21	1	1	2
With convulsive disorders (epilepsy)	50	35	85	41	25	66	30	16	46	31	12	43	19	9	28	11	16	27
Senile psychoses	133	173	306	9	17	26	14	32	46	4	5	9	81	134	215	11	17	28
Involuntary psychoses	46	128	174	10	36	46	27	66	93	3	20	23	21	27	48	6	8	14
Due to other metabolic diseases, etc.	40	51	91	4	6	10	19	32	51	2	5	7	16	18	34	1	1	2
Due to new growth	2	8	10	—	—	—	1	2	3	1	—	1	2	4	6	2	1	3
With organic changes of nervous system	57	31	88	11	10	21	20	17	37	5	7	12	23	9	32	4	3	7
Psychoneuroses	135	168	303	43	59	102	119	139	258	45	57	102	5	5	10	1	2	3
Manic-depressive psychoses	135	265	400	136	253	389	158	218	370	127	228	355	14	27	41	25	41	66
Dementia praecox	389	363	752	251	213	464	204	233	437	158	137	295	54	58	112	69	102	171
Paranoia and paranoid conditions	60	63	123	24	21	45	31	47	78	13	13	47	7	7	14	4	3	7
With psychopathic personality	36	15	51	28	29	57	26	17	43	25	22	47	1	—	4	1	3	4
With mental deficiency	74	58	132	41	38	79	37	21	58	25	24	49	14	10	24	14	12	26
Undiagnosed psychoses	40	33	73	9	5	14	34	27	61	7	5	12	5	1	6	—	—	1
Without psychoses	492	184	676	187	73	260	485	181	666	175	70	245	6	—	6	1	—	—
Primary behavior disorders	62	47	109	9	9	18	61	47	108	10	8	18	—	—	—	—	—	—
Total With Mental Disorder	2,237	1,958	4,195	841	797	1,638	1,276	1,073	2,349	631	593	1,224	640	586	1,226	226	245	471
Total Without Mental Disorder	554	231	785	196	82	278	546	228	774	185	78	263	6	—	6	1	—	1
Grand Total	2,791	2,189	4,980	1,037	879	1,916	1,822	1,301	3,123	816	671	1,487	646	586	1,232	227	245	472

NOTE: — Admissions and discharges do not include transfers.

TABLE 250. — *Diagnoses of Admissions, Discharges, Deaths, 1938, and Cases in Residence and Cases Out of Institutions on September 30, 1938, by Status of Admission and Sex — Concluded*

DIAGNOSTIC GROUPINGS	RESIDENT POPULATION						CASES OUT OF INSTITUTION					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
With syphilitic meningo-encephalitis.	422	119	541	165	46	211	46	22	68	11	7	18
With other forms of syphilis	62	25	87	21	11	32	4	3	7	4	-	4
With epidemic encephalitis	24	21	45	32	14	46	3	3	6	-	4	4
With other infectious diseases	5	8	13	-	2	2	1	6	7	-	-	-
Alcoholic psychoses	773	131	904	396	69	465	96	22	118	41	8	49
Due to drugs, etc.	2	6	8	5	2	7	3	6	9	2	1	3
Traumatic psychoses	44	14	58	22	1	23	11	2	13	4	-	4
With cerebral arteriosclerosis	572	572	1,144	118	131	249	61	60	121	8	16	24
With other disturbances of circulation	16	10	26	3	6	9	4	6	10	-	1	1
With convulsive disorders (epilepsy)	253	302	555	234	186	420	29	28	57	14	10	24
Senile psychoses	224	363	587	28	48	76	7	28	35	2	8	10
Involuntary psychoses	122	292	414	52	129	181	22	77	99	5	28	33
Due to other metabolic diseases, etc.	36	44	80	6	18	24	7	19	26	1	3	4
Due to new growth	1	2	3	-	2	2	-	1	1	-	-	-
With organic changes of nervous system	108	62	170	43	26	69	10	10	20	8	6	14
Psychoneuroses	38	70	108	44	49	93	25	50	75	12	23	35
Manic-depressive psychoses	313	539	852	425	694	1,119	73	171	244	105	212	317
Dementia praecox	3,290	3,371	6,661	2,765	2,740	5,505	223	316	539	198	236	435
Paranoia and paranoid conditions	149	289	438	87	181	268	21	19	40	8	18	26
With psychopathic personality	58	50	108	68	136	204	11	8	19	9	13	22
With mental deficiency	565	506	1,071	394	435	829	29	46	75	21	25	46
Undiagnosed psychoses	1	5	6	1	1	2	1	1	2	1	-	1
Without psychoses	69	32	101	44	24	68	6	11	17	7	3	10
Primary behavior disorders	5	2	7	1	1	2	-	1	1	-	-	-
Total With Mental Disorder	7,078	6,801	13,879	4,909	4,859	9,768	687	904	1,591	455	619	1,074
Total Without Mental Disorder.	74	34	108	45	25	70	6	12	18	7	3	10
Grand Total	7,152	6,835	13,987	4,954	4,884	9,838	693	916	1,609	462	622	1,084

NOTE: — Admissions and discharges do not include transfers.

TABLE 251. — *Diagnoses of Admissions, Discharges, Deaths, 1938, Cases in Residence and Cases Out on September 30, 1938, by Status of Admission and Sex — Continued*

DIAGNOSTIC GROUPINGS	ADMISSIONS						DISCHARGES						DEATHS					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Presbyphrenic type	6	14	20	—	2	2	—	1	2	1	—	1	2	9	11	—	1	1
Delirious and confused types	6	9	15	—	1	1	—	2	3	3	—	—	1	4	7	—	1	2
Depressed and agitated types	6	15	21	4	2	3	—	1	3	4	—	—	1	6	10	2	1	3
Paranoid types	19	38	57	1	4	7	—	3	12	15	—	—	1	17	31	4	4	8
Involuntional psychoses:																		
Melancolia	38	79	117	7	22	29	—	23	36	59	3	11	14	20	25	5	7	12
Paranoid types	6	41	47	3	14	17	—	3	25	28	—	7	7	1	1	1	1	—
Other types	2	8	10	—	—	—	—	1	5	6	—	2	2	1	1	—	—	—
With diseases of the endocrine glands	1	3	4	2	—	2	—	1	2	3	—	—	1	—	1	—	—	—
Exhaustion delirium	2	5	7	—	1	1	—	2	5	7	—	—	1	2	—	—	—	—
Alzheimer's disease	3	2	5	—	—	—	—	1	—	—	—	—	—	—	5	—	—	—
With pellagra	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
With other somatic diseases	34	40	74	2	5	7	—	15	25	40	2	4	6	14	11	1	1	2
<i>Psychoses Due to New Growth:</i> —	2	8	10	—	—	—	—	1	2	3	—	—	1	2	4	6	2	1
With intracranial neoplasms	2	3	5	—	—	—	—	—	1	1	—	—	—	2	2	2	1	3
With other neoplasms	—	5	5	—	—	—	—	1	1	2	—	—	—	—	2	—	—	—
VIII. <i>Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:</i> —																		
With multiple sclerosis	57	31	88	11	10	21	—	20	17	37	5	7	12	23	9	4	3	7
With paralytic agitans	1	1	2	1	—	1	—	—	—	—	—	—	—	1	1	—	—	—
With Huntington's chorea	6	1	7	—	1	1	—	1	—	1	1	—	1	3	1	2	2	4
With other brain or nervous diseases	2	1	3	—	2	2	—	—	—	—	—	—	1	1	1	1	1	2
IX. <i>Divisions of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:</i> —																		
Psychoneuroses:	48	28	76	10	7	17	—	19	17	36	4	6	10	18	7	1	1	2
Anxiety hysteria	829	932	1,761	523	613	1,136	—	575	675	1,250	393	481	874	95	107	202	114	163
Conversion hysteria	5	6	11	2	3	5	—	4	7	11	1	6	7	—	—	—	—	—
Anesthetic type	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic type	—	1	1	1	1	2	—	—	1	1	1	1	2	—	—	—	—	—
Hyperkinetic type	—	2	2	—	—	—	—	—	2	2	—	—	—	1	—	—	—	—
Parasthetic type	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Autonomic type	—	2	2	—	—	—	—	—	1	1	1	1	2	—	—	—	—	—
Amnesic type	9	6	15	—	—	—	—	10	4	14	1	1	2	—	—	—	—	—
Mixed hysterical psychoneurosis	2	4	6	2	1	3	—	2	1	3	2	2	4	1	—	—	—	—
Psychasthenia or compulsive states:																		
Obsession	6	3	9	3	4	7	—	4	6	10	5	3	8	—	1	—	—	—
Compulsive tics and spasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Phobia	—	—	—	1	—	1	—	—	—	1	1	1	2	—	—	—	—	—
Mixed compulsive states	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neurasthenia	9	18	27	2	5	7	—	7	8	15	2	3	7	—	—	—	1	1
Hypochondriasis	12	13	25	2	1	3	—	10	10	20	2	1	3	1	—	—	—	—

Reactive depression	62	65	127	14	11	25	52	62	114	9	10	19	1	2	3	1	—	1
Anxiety state	3	10	13	3	9	12	3	7	10	3	5	8	—	1	1	—	—	—
Mixed psychoneurosis	25	36	61	11	22	33	25	24	49	15	19	34	1	1	2	—	1	1
Manic-depressive Psychoses:																		
Manic type	61	107	168	71	116	187	53	69	122	64	109	173	4	7	11	14	18	32
Depressive type	57	103	160	43	90	133	74	112	186	48	85	133	8	15	23	9	16	25
Circular type	—	7	7	2	1	2	2	2	2	—	3	3	—	1	1	1	1	2
Mixed type	6	28	34	9	32	43	20	20	40	9	22	31	1	2	3	—	2	3
Perplexed type	—	4	5	1	1	2	2	2	4	—	1	1	—	—	—	—	—	—
Stuporous type	2	5	7	—	3	3	3	4	7	1	3	4	—	1	1	—	1	1
Other types	8	11	19	10	10	20	6	9	15	5	5	10	1	1	2	—	3	3
Dementia praecox (schizophrenia):																		
Simple type	38	10	48	24	8	32	15	13	28	10	3	13	2	1	3	4	2	6
Hebephrenic type	74	64	138	45	42	87	25	32	57	28	16	44	17	11	28	28	31	59
Catatonic type	87	113	200	71	65	136	69	84	153	53	49	102	13	23	36	11	20	31
Paranoid type	118	132	250	64	71	135	60	83	143	44	55	99	19	21	40	22	45	67
Other types	72	44	116	27	27	74	35	21	56	23	14	37	3	2	5	4	4	8
Paranoia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paranoid conditions	60	63	123	24	21	45	31	46	77	13	13	26	7	7	14	4	3	7
With psychopathic personality	36	15	51	28	29	57	26	17	43	25	22	47	1	1	1	1	3	4
With mental deficiency:																		
Idiot	5	5	10	1	3	4	—	—	—	—	—	—	2	1	3	3	—	3
Imbecile	23	19	42	8	9	17	9	2	11	6	4	10	5	6	11	7	3	10
Moron	41	33	74	30	25	55	22	17	39	18	20	38	7	3	10	4	9	13
Unknown	5	1	6	2	1	3	6	2	8	1	—	—	—	—	—	—	—	—
Undiagnosed Psychoses:—																		
Without Psychosis:—	40	33	73	9	5	14	34	27	61	7	5	12	5	1	6	—	—	—
Alcoholism	492	184	676	187	73	260	485	181	666	175	70	245	6	6	1	—	—	1
Drug addiction	157	40	197	71	17	88	164	42	206	64	16	80	—	—	—	—	—	—
Disorders due to epidemic encephalitis	3	2	5	1	2	3	2	2	4	1	2	3	—	—	—	—	—	—
Psychopathic personality:	2	—	2	2	2	2	2	—	2	1	—	1	—	—	—	—	—	—
With pathological sexuality	18	2	20	2	—	2	16	1	17	2	—	2	—	—	—	—	—	—
With pathological emotionality	14	11	25	3	7	10	13	11	24	3	6	9	—	—	—	—	—	—
With asocial or amoral trends	74	12	86	31	8	39	73	13	86	27	11	38	—	—	—	—	—	—
Mixed types	27	5	32	15	5	20	28	5	33	17	5	22	—	—	—	—	—	—
Epilepsy	8	9	17	4	5	9	7	9	16	3	5	8	—	—	—	—	—	—
Mental deficiency:																		
Idiot	3	2	5	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—
Imbecile	11	8	19	6	5	11	11	7	18	6	5	11	—	—	1	—	—	—
Moron	48	34	82	10	10	20	47	36	83	11	9	20	—	—	—	—	—	—
Other non-psychotic diseases or conditions	62	35	97	22	7	29	57	29	86	23	6	29	3	—	3	1	—	1
No other condition	65	24	89	20	6	26	64	26	90	17	5	22	2	—	2	—	—	—
Primary Behavior Disorders:—	62	47	109	9	9	18	61	47	108	10	8	18	—	—	—	—	—	—
Simple adult maladjustment	38	33	71	5	9	14	39	34	73	6	8	14	—	—	—	—	—	—
Primary behavior disorders in children:																		
Habit disturbance	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Conduct disturbance	23	13	36	4	—	4	22	13	35	4	—	4	—	—	—	—	—	—
Neurotic traits	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
XIII. Grand Total	2,791	2,189	4,980	1,037	879	1,916	1,822	1,301	3,123	816	671	1,487	646	586	1,232	227	245	472

NOTE: — Admissions and discharges do not include transfers.

Presbyphrenic type	10	31	41	1	1	2	1	2	3	—	—	—	1
Delirious and confused types	4	8	12	1	1	2	—	1	1	—	—	—	1
Depressed and agitated types	22	39	61	3	8	11	—	4	4	1	1	1	2
Paranoid types	68	140	208	8	18	26	3	10	13	1	1	2	3
Involitional psychoses:													
Melancholia	108	201	309	46	84	130	16	50	66	4	18	22	22
Paranoid types	6	73	79	5	41	46	4	21	25	—	9	9	9
Other types	8	18	26	1	4	5	2	6	8	1	1	2	2
With diseases of the endocrine glands	2	9	11	2	5	7	3	3	3	1	1	1	1
Exhaustion delirium	4	4	5	1	3	3	1	1	1	—	—	—	—
Alzheimer's disease	4	4	8	1	1	2	—	—	—	—	—	—	—
With pellagra	2	2	4	—	1	1	—	—	—	—	—	—	—
With other somatic diseases	26	26	52	3	8	11	6	14	20	—	1	1	1
With other mental diseases	1	1	2	—	2	2	—	—	—	—	—	—	—
With intracranial neoplasms	1	1	2	—	2	2	—	—	—	—	—	—	—
With other neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—
Psychoses Due to Unknown or Hereditary Causes, but Associated with Organic Changes:—													
With multiple sclerosis	108	62	170	43	26	69	10	10	20	8	6	14	14
With paralysis agitans	10	7	17	7	3	10	—	—	—	1	2	3	3
With Huntington's chorea	9	2	9	3	3	3	—	—	—	—	—	—	—
With other brain or nervous diseases	9	7	16	2	1	3	—	—	—	—	—	—	—
Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Change:—	82	46	128	34	19	53	10	8	18	7	4	11	11
Psychoneuroses:	4,413	4,825	9,238	3,783	4,167	7,950	382	610	992	354	527	881	881
Anxiety hysteria	3	—	3	3	2	5	—	4	4	—	—	—	—
Conversion hysteria:													
Anesthetic type	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic type	—	2	2	1	—	1	—	—	—	—	—	—	—
Hyperkinetic type	—	—	—	—	1	1	—	—	—	—	—	—	—
Paresthetic type	—	—	—	—	—	—	—	—	—	—	—	—	—
Autonomic type	—	1	1	—	1	1	—	—	—	—	—	—	—
Amnesic type	1	1	2	1	1	3	1	1	2	1	—	—	—
Mixed hysterical psychoneurosis	—	6	6	3	—	—	—	—	—	—	—	—	—
Psychasthenia or compulsive states:													
Obsession	2	4	6	4	4	8	2	1	3	—	—	—	—
Compulsive tics and spasms	—	1	1	1	—	1	—	—	—	—	—	—	—
Phobia	3	1	4	1	2	3	—	—	—	—	—	—	—
Mixed compulsive states	—	1	1	1	4	5	1	1	2	—	—	—	—
Neurasthenia	7	18	25	10	9	19	4	9	13	2	4	6	6
Hypochondriasis	2	8	10	8	4	12	—	—	—	—	—	—	—
Reactive depression	13	8	21	6	8	14	10	13	23	5	2	4	4
Anxiety state	—	3	3	3	3	4	6	12	18	4	4	4	4
Mixed psychoneurosis	7	16	23	4	11	15	6	6	12	7	7	11	11
Manic-depressive Psychoses:													
Manic type	100	187	287	176	342	518	32	69	101	62	94	156	156
Depressive type	174	230	404	183	228	411	33	69	102	24	77	101	101
Circular type	5	14	19	17	24	41	3	5	5	3	3	6	6
Mixed type	15	64	79	31	61	92	3	16	19	8	26	34	34
Perplexed type	2	3	5	3	7	10	—	—	—	—	—	—	—
Stuporous type	7	26	33	5	11	16	—	—	—	2	4	6	6
Other types	10	15	25	10	21	31	5	6	11	6	6	12	12

TABLE 251. — *Diagnoses of Admissions, Discharges, Deaths, 1938, Cases in Residence and Cases Out on September 30, 1938, by Status of Admission and Sex — Concluded*

DIAGNOSTIC GROUPINGS	RESIDENT POPULATION						PATIENTS OUT ON VISIT, ETC.					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dementia praecox (schizophrenia):												
Simple type	175	95	270	124	82	206	19	16	35	14	8	22
Hebephrenic type	1,092	920	2,012	1,056	876	1,932	47	69	116	44	56	100
Catatonic type	751	805	1,556	607	596	1,203	66	83	149	58	77	135
Paranoid type	1,098	1,414	2,512	840	1,086	1,926	53	116	169	46	65	111
Other types	174	137	311	138	100	238	38	32	70	37	30	67
paranoid	7	10	17	6	3	9	—	—	—	—	—	—
Paranoid conditions	142	279	421	81	178	259	21	19	40	8	18	26
With psychopathic personality	58	50	108	68	68	136	11	8	19	9	13	22
With mental deficiency:												
Idiot	40	42	82	22	24	46	1	—	1	1	—	1
Imbecile	224	221	445	163	169	332	4	10	14	5	5	10
Moron	284	250	504	198	230	428	24	35	59	15	20	35
Unknown	17	23	40	11	12	23	—	1	1	—	—	—
X. Undiagnosed Psychoses:—	1	5	6	1	1	2	1	1	2	1	—	1
XI. Without Psychosis:	69	32	101	44	24	68	6	11	17	7	3	10
Alcoholism	7	2	9	6	3	9	3	1	4	4	—	4
Drug addiction	1	—	1	—	—	1	—	—	—	—	—	—
Disorders due to epidemic encephalitis	—	—	—	—	—	2	—	—	—	—	—	—
Psychopathic personality:												
With pathological sexuality	3	1	4	—	—	—	—	—	—	—	—	—
With pathological emotionality	—	—	—	1	1	2	—	—	—	—	—	—
With asocial or amoral trends	4	—	4	5	—	5	1	1	2	1	—	1
Mixed types	3	—	3	2	1	3	—	—	—	—	—	—
Epilepsy	1	—	1	2	1	3	—	—	—	—	—	—
Mental deficiency:												
Idiot	9	3	12	—	2	2	—	—	—	—	—	—
Imbecile	12	13	25	7	—	7	—	—	—	—	—	—
Moron	16	3	19	10	9	19	1	3	4	2	2	4
Other non-psychotic diseases or conditions	8	9	17	5	5	10	—	1	1	—	1	1
XII. Primary Behavior Disorders:—	5	1	6	4	1	5	—	—	—	—	—	—
No other condition	5	2	7	1	1	2	—	—	—	—	—	—
Simple adult maladjustment	3	1	4	—	—	—	—	—	—	—	—	—
Primary behavior disorders in children:												
Habit disturbance	1	—	1	—	—	—	—	—	—	—	—	—
Conduct disturbance	1	—	1	1	—	1	—	—	—	—	—	—
Neurotic traits	—	1	1	—	—	—	—	—	—	—	—	—
XIII. Grand Total	7,152	6,835	13,987	4,954	4,848	9,838	693	916	1,609	462	622	1,084

NOTE: — Admissions and discharges do not include transfers.

TABLE 252. — *County and City or Town of Residence of Admissions and Cases in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex*

COUNTY AND CITY OR TOWN	ADMISSIONS 1938			RESIDENT POPULATION SEPT. 30, 1938		
	M.	F.	T.	M.	F.	T.
<i>Barnstable</i>						
Barnstable	13	5	18	20	15	35
Bourne	4	2	6	7	5	12
Brewster	1	—	1	2	2	4
Chatham	—	—	—	6	3	9
Dennis	3	5	8	7	9	16
Eastham	—	—	—	1	—	1
Falmouth	4	5	9	7	8	15
Harwich	4	4	8	10	11	21
Mashpee	—	—	—	1	—	1
Orleans	1	1	2	5	2	7
Provincetown	2	—	2	3	11	14
Sandwich	1	1	2	3	5	8
Truro	—	1	1	—	2	2
Wellfleet	—	—	—	—	2	2
Yarmouth	3	2	5	6	3	9
Total	36	26	62	78	78	156
<i>Berkshire</i>						
Adams	5	5	10	33	32	65
Becket	—	—	—	2	2	4
Cheshire	1	—	1	6	1	7
Clarksburg	—	1	1	1	2	3
Dalton	5	2	7	8	11	19
Egremont	—	—	—	2	2	4
Florida	1	—	1	1	1	2
Great Barrington	3	1	4	14	15	29
Hancock	—	—	—	—	1	1
Hinsdale	—	—	—	2	—	2
Lanesborough	—	—	—	3	1	4
Lee	3	—	3	12	5	17
Lenox	2	3	5	9	12	21
Monterey	2	—	2	2	1	3
New Marlborough	—	1	1	4	1	5
North Adams	16	6	22	73	54	127
Otis	—	—	—	3	2	5
Pittsfield	16	19	35	126	103	229
Richmond	—	—	—	1	1	2
Sandisfield	—	—	—	3	1	4
Savoy	—	1	1	1	2	3
Sheffield	—	1	1	3	3	6
Stockbridge	2	—	2	3	6	9
Tyringham	1	—	1	1	—	1
Washington	—	—	—	1	—	1
West Stockbridge	2	3	5	3	3	6
Williamstown	4	2	6	8	17	25
Windsor	—	—	—	2	2	4
Total	63	45	108	327	281	608
<i>Bristol</i>						
Acushnet	2	3	5	9	7	16
Attleboro	17	17	34	74	68	142
Berkley	1	1	2	1	—	1
Dartmouth	7	5	12	15	16	31
Dighton	2	2	4	6	7	13
Easton	4	3	7	9	13	22
Fairhaven	8	4	12	19	29	48
Fall River	46	48	94	290	297	587
Freetown	2	2	4	4	4	8
Mansfield	5	5	10	11	28	39
New Bedford	67	44	111	309	279	588
North Attleborough	9	4	13	27	26	53
Norton	2	2	4	6	4	10
Raynham	4	2	6	4	3	7
Rehoboth	2	2	4	9	4	13
Seekonk	3	—	3	11	5	16
Somerset	4	8	12	6	15	21
Swansea	1	—	1	7	6	13
Taunton	30	17	47	94	98	192
Westport	3	1	4	10	4	14
Total	219	170	389	921	913	1,834

TABLE 252. — *County and City or Town of Residence of Admissions and Cases in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex — Continued*

COUNTY AND CITY OR TOWN	ADMISSIONS 1938			RESIDENT POPULATION SEPT. 30, 1938		
	M.	F.	T.	M.	F.	T.
<i>Dukes</i>						
Chilmark	1	—	1	—	1	1
Edgartown	1	—	1	4	5	9
Gay Head	—	—	—	1	—	1
Gosnold	—	—	—	1	—	1
Oak Bluffs	—	—	—	7	8	15
Tisbury	1	—	1	5	4	9
Total	3	—	3	18	18	36
<i>Essex</i>						
Amesbury	7	6	13	25	17	42
Andover	2	7	9	20	29	49
Beverly	18	17	35	48	50	98
Boxford	—	—	—	4	—	4
Danvers	12	6	18	27	31	58
Essex	2	—	2	4	4	8
Georgetown	—	3	3	8	6	14
Gloucester	27	9	36	74	53	127
Groveland	—	—	—	4	4	8
Hamilton	1	2	3	4	5	9
Haverhill	26	28	54	145	118	263
Ipswich	6	6	12	12	21	33
Lawrence	63	51	114	286	227	513
Lynn	94	69	163	302	270	572
Lynnfield	4	—	4	8	2	10
Manchester	4	2	6	2	6	8
Marblehead	12	7	19	13	18	31
Merrimac	—	1	1	5	3	8
Methuen	14	9	23	34	33	67
Middleton	1	1	2	3	2	5
Nahant	3	—	3	2	3	5
Newbury	—	2	2	—	7	7
Newburyport	8	13	21	63	41	104
North Andover	3	4	7	13	15	28
Peabody	12	9	21	66	47	113
Rockport	2	2	4	6	14	20
Rowley	2	1	3	5	3	8
Salem	30	16	46	136	108	244
Salisbury	1	1	2	2	3	5
Saugus	9	5	14	29	25	54
Swampscott	8	4	12	13	17	30
Topsfield	2	2	4	2	2	4
Wenham	2	—	2	2	2	4
West Newbury	2	—	2	5	2	7
Total	377	283	660	1,372	1,188	2,560
<i>Franklin</i>						
Ashfield	1	—	1	—	3	3
Bernardston	—	—	—	2	1	3
Buckland	1	—	1	9	—	9
Charlemont	—	2	2	3	4	7
Colrain	2	1	3	3	1	4
Conway	3	—	3	4	1	5
Deerfield	2	1	3	15	5	20
Erving	—	1	1	1	1	2
Gill	—	—	—	1	1	2
Greenfield	12	8	20	41	22	63
Hawley	—	—	—	—	1	1
Heath	—	—	—	1	1	2
Leverett	3	—	3	3	—	3
Leydon	—	—	—	3	1	4
Monroe	—	—	—	1	—	1
Montague	5	3	8	20	21	41
New Salem	1	1	2	—	1	1
Northfield	1	—	1	6	6	12
Orange	6	6	12	18	13	31
Rowe	2	2	4	2	1	3
Shelbourne	1	1	2	8	7	15
Sunderland	1	2	3	2	2	4
Warwick	—	1	1	—	1	1
Wendell	—	—	—	2	1	3
Whately	—	—	—	4	1	5
Total	41	29	70	149	96	245

TABLE 252. — *County and City or Town of Residence of Admissions and Cases in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex — Continued*

COUNTY AND CITY OR TOWN	ADMISSIONS 1938			RESIDENT POPULATION SEPT. 30, 1938		
	M.	F.	T.	M.	F.	T.
<i>Hampden</i>						
Agawam	5	2	7	11	11	22
Blandford	—	—	—	1	1	2
Brimfield	3	—	3	4	1	5
Chester	1	1	2	8	7	15
Chicopee	29	16	45	129	96	225
East Longmeadow	3	2	5	5	7	12
Granville	1	—	1	3	—	3
Hampden	—	1	1	3	5	8
Holyoke	43	34	77	181	181	362
Longmeadow	1	—	1	3	7	10
Ludlow	6	1	7	17	16	33
Monson	5	3	8	8	11	19
Montgomery	1	—	1	2	26	28
Palmer	9	3	12	29	26	55
Russell	1	—	1	1	2	3
Southwick	2	2	4	8	8	16
Springfield	97	101	198	420	460	880
Tolland	—	1	1	—	—	—
Wales	—	—	—	—	3	3
Westfield	13	14	27	58	65	123
West Springfield	8	12	20	21	31	52
Wilbraham	3	3	6	8	9	17
Total	231	196	427	920	973	1,893
<i>Hampshire</i>						
Amherst	8	3	11	19	22	41
Belchertown	4	—	4	19	9	28
Chesterfield	1	—	1	3	—	3
Cummington	—	—	—	2	4	6
Easthampton	7	5	12	31	30	61
Enfield	1	1	2	3	1	4
Goshen	—	1	1	—	1	1
Granby	1	—	1	4	3	7
Greenwich	—	—	—	2	—	2
Hadley	2	1	3	15	4	19
Hatfield	—	—	—	6	4	10
Huntington	—	—	—	1	3	4
Middlefield	—	—	—	3	—	3
Northampton	27	31	58	87	58	145
Pelham	—	—	—	1	1	2
Plainfield	—	—	—	2	—	2
Prescott	—	—	—	—	1	1
Southampton	2	—	2	3	3	6
South Hadley	5	1	6	18	16	34
Ware	4	2	6	27	19	46
Williamsburg	2	2	4	8	5	13
Worthington	—	—	—	1	1	2
Total	64	47	111	255	185	440
<i>Middlesex</i>						
Acton	4	2	6	8	9	17
Arlington	43	33	76	69	79	148
Ashby	1	—	1	2	3	5
Ashland	2	4	6	8	7	15
Ayer	3	5	8	5	10	15
Bedford	1	3	4	3	5	8
Belmont	13	14	27	35	56	91
Billerica	7	4	11	9	7	16
Boxborough	—	—	—	2	—	2
Burlington	3	—	3	5	3	8
Cambridge	123	121	244	407	384	791
Carlisle	1	—	1	3	—	3
Chelmsford	10	7	17	15	17	32
Concord	5	5	10	12	11	23
Dracut	3	4	7	12	15	27
Dunstable	—	—	—	1	—	1
Everett	31	34	65	103	88	191
Frammingham	23	23	46	54	77	131
Groton	—	1	1	3	11	14
Holliston	6	2	8	7	9	16
Hopkinton	3	2	5	5	10	15
Hudson	4	3	7	23	15	38
Lexington	9	6	15	17	13	30

TABLE 252. — *County and City or Town of Residence of Admissions and Cases in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex — Continued*

COUNTY AND CITY OR TOWN	ADMISSIONS 1938			RESIDENT POPULATION SEPT. 30, 1938		
	M.	F.	T.	M.	F.	T.
Lincoln	—	—	—	3	2	5
Littleton	3	2	5	6	7	13
Lowell	69	37	106	323	320	643
Malden	46	41	87	133	152	285
Marlborough	17	4	21	51	48	99
Maynard	8	3	11	25	16	41
Medford	25	40	65	99	118	217
Melrose	20	14	34	38	42	80
Natick	9	10	19	29	31	60
Newton	49	60	109	104	136	240
North Reading	3	1	4	7	4	11
Pepperell	2	1	3	4	7	11
Reading	8	9	17	22	14	36
Sherborn	—	—	—	—	5	5
Shirley	5	—	6	6	3	9
Somerville	63	69	132	221	245	466
Stoneham	5	3	8	15	19	34
Stow	3	—	3	5	1	6
Sudbury	1	1	2	5	3	8
Tewksbury	15	3	18	31	20	51
Townsend	3	2	5	5	2	7
Tyngsborough	—	1	1	2	2	4
Wakefield	15	10	25	30	25	55
Waltham	31	31	62	103	136	239
Watertown	27	25	52	62	55	117
Wayland	3	8	11	2	11	13
Westford	1	2	3	4	6	10
Weston	2	1	3	2	5	7
Wilmington	4	7	11	11	11	22
Winchester	3	6	9	9	25	34
Woburn	7	4	11	46	38	84
Total	742	669	1,411	2,211	2,338	4,549
<i>Nantucket</i>						
Nantucket	—	2	2	10	10	20
Total	—	2	2	10	10	20
<i>Norfolk</i>						
Avon	—	2	2	6	11	17
Bellingham	2	2	4	7	5	12
Braintree	6	11	17	30	40	70
Brookline	46	40	86	84	107	191
Canton	5	4	9	22	20	42
Cohasset	3	4	7	4	8	12
Dedham	13	16	29	36	35	71
Dover	—	1	1	1	1	2
Foxborough	5	4	9	25	7	32
Franklin	9	3	12	23	21	44
Holbrook	1	—	1	5	8	13
Medfield	—	1	1	1	6	7
Medway	5	2	7	9	13	22
Millis	1	1	2	6	3	9
Milton	10	7	17	31	31	62
Needham	8	7	15	26	26	52
Norfolk	—	—	—	—	5	5
Norwood	14	5	19	33	25	58
Plainville	1	—	1	3	3	6
Quincy	60	48	108	125	150	275
Randolph	6	5	11	15	16	31
Sharon	4	1	5	7	6	13
Stoughton	4	1	5	28	18	46
Walpole	3	2	5	18	14	32
Wellesley	8	10	18	17	19	36
Westwood	1	—	1	3	5	8
Weymouth	15	13	28	48	50	98
Wrentham	2	3	5	10	16	26
Total	232	193	425	623	669	1,292

TABLE 252. — *County and City or Town of Residence of Admissions and Cases in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex — Continued*

COUNTY AND CITY OR TOWN	ADMISSIONS 1938			RESIDENT POPULATION SEPT. 30, 1938		
	M.	F.	T.	M.	F.	T.
<i>Plymouth</i>						
Abington	6	4	10	11	11	22
Bridgewater	13	4	17	45	23	68
Brockton	58	42	100	237	174	411
Carver	4	—	4	8	2	10
Duxbury	1	2	3	2	9	11
East Bridgewater	2	1	3	9	11	20
Halifax	—	—	—	4	2	6
Hanover	4	1	5	8	9	17
Hanson	2	1	3	5	6	11
Hingham	2	4	6	13	10	23
Hull	2	4	6	7	4	11
Kingston	1	1	2	4	9	13
Lakeville	1	3	4	1	3	4
Marion	1	1	2	3	5	8
Marshfield	2	1	3	5	3	8
Mattapoisett	1	1	2	7	2	9
Middleborough	5	—	5	20	17	37
Norwell	1	—	1	4	5	9
Pembroke	2	2	4	8	5	13
Plymouth	12	6	18	36	33	69
Rochester	2	1	3	7	3	10
Rockland	7	10	17	20	27	47
Scituate	4	5	9	10	6	16
Wareham	3	2	5	13	8	21
West Bridgewater	4	2	6	7	4	11
Whitman	4	2	6	12	17	29
Total	144	100	244	506	408	914
<i>Suffolk</i>						
Boston	1,030	869	1,899	2,943	3,202	6,145
Chelsea	64	27	91	131	99	230
Revere	22	36	58	71	72	143
Winthrop	23	9	32	30	38	68
Total	1,139	941	2,080	3,175	3,411	6,586
<i>Worcester</i>						
Ashburnham	1	2	3	4	8	12
Athol	6	10	16	27	20	47
Auburn	8	3	11	5	9	14
Barre	1	—	1	3	6	9
Berlin	—	—	—	1	2	3
Blackstone	—	—	—	18	8	26
Bolton	1	—	1	4	4	8
Boylston	—	1	1	1	2	3
Brookfield	—	2	2	3	5	8
Charlton	2	2	4	8	5	13
Clinton	5	9	14	24	31	55
Dana	1	—	1	3	1	4
Douglas	4	1	5	7	2	9
Dudley	3	1	4	7	11	18
East Brookfield	—	—	—	1	—	1
Fitchburg	26	29	55	121	116	237
Gardner	20	7	27	49	42	91
Grafton	6	4	10	10	12	22
Hardwick	1	—	1	8	10	18
Harvard	1	—	1	3	1	4
Holden	3	—	3	7	4	11
Hopedale	1	—	1	5	5	10
Hubbardston	2	2	4	2	3	5
Lancaster	4	1	5	5	9	14
Leicester	5	2	7	7	10	17
Leominster	16	9	25	58	39	97
Lunenburg	1	1	2	2	2	4
Menden	—	1	1	—	2	2
Milford	9	5	14	47	32	79
Millbury	2	7	9	14	13	27
Millville	1	—	1	9	3	12
New Braintree	1	—	1	—	1	1
Northborough	1	1	2	6	8	14
Northbridge	4	3	7	21	12	33
North Brookfield	1	2	3	9	5	14

TABLE 252. — *County and City or Town of Residence of Admissions and Cases in Residence in Hospitals for Mental Disorders on September 30, 1938, by Sex — Concluded*

COUNTY AND CITY OR TOWN	ADMISSIONS 1938			RESIDENT POPULATION SEPT. 30, 1938		
	M.	F.	T.	M.	F.	T.
Oakham	1	—	1	5	1	6
Oxford	3	—	3	8	5	13
Paxton	1	—	1	1	1	2
Petersham	—	1	1	1	3	4
Phillipston	—	1	1	2	1	3
Princeton	2	—	2	2	1	3
Royalston	1	—	1	2	3	5
Rutland	3	—	3	4	2	6
Shrewsbury	5	2	7	12	12	24
Southborough	3	2	5	5	5	10
Southbridge	9	14	23	41	30	71
Spencer	6	3	9	13	12	25
Sterling	—	2	2	1	5	6
Sturbridge	—	2	2	2	4	6
Sutton	2	—	2	6	4	10
Templeton	2	—	2	15	10	25
Upton	2	4	6	3	7	10
Uxbridge	6	3	9	17	10	27
Warren	—	—	—	6	5	11
Webster	12	5	17	35	28	63
Westborough	5	—	5	23	10	33
West Boylston	—	—	—	2	2	4
West Brookfield	2	1	3	2	1	3
Westminster	2	—	2	3	4	7
Winchendon	7	1	8	14	10	24
Worcester	187	150	337	558	481	1,039
Total	398	296	694	1,281	1,100	2,381
Non-Residents	118	65	183	133	45	178
Unknown	21	6	27	127	6	133
Total	139	71	210	260	51	311
Grand Total	3,828	3,068	6,896	12,106	11,719	23,825

TABLE 253. — General Statistics of State Schools for the Mentally Defective in Massachusetts, for the Year Ended September 30, 1938

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books September 30, 1937	2,777	2,972	5,749	602	853	1,455	1,218	874	2,092	957	1,245	2,202
<i>Cases Admitted during Year</i>												
Regular Commitment Cases:												
First admissions	42	64	106	17	23	40	18	17	35	7	24	31
Readmissions	9	4	13	2	1	3	4	1	5	3	2	5
Total	51	68	119	19	24	43	22	18	40	10	26	36
Voluntary Admission Cases:												
First admissions	72	73	145	11	19	30	22	19	41	39	35	74
Readmissions	11	5	16	2	—	2	5	2	7	4	3	7
Total	83	78	161	13	19	32	27	21	48	43	38	81
Observation Admission Cases:												
First admissions	—	—	—	—	—	—	—	—	—	—	—	—
Readmissions	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—
Total cases admitted by transfer	2	6	8	1	1	2	1	2	3	—	3	3
Total cases admitted	136	152	288	33	44	77	50	41	91	53	67	120
Total cases under treatment	2,913	3,124	6,037	635	897	1,532	1,268	915	2,183	1,010	1,312	2,322
<i>Cases Discharged during Year</i>												
Regular Commitment Cases:												
Capable of self-support	27	41	68	7	16	23	14	9	23	6	16	22
Capable of partial self-support	36	34	70	12	16	28	21	11	32	3	7	10
Incapable of productive work	16	16	32	2	3	5	3	6	9	11	7	18
Died	11	8	19	1	2	3	2	1	3	8	5	13
Total	90	99	189	22	37	59	40	27	67	28	35	63
Voluntary Admission Cases:												
Capable of self-support	9	4	13	3	2	5	4	1	5	2	1	3
Capable of partial self-support	11	7	18	1	4	5	8	3	11	2	—	2
Incapable of productive work	37	25	62	4	5	9	11	8	19	22	12	34
Died	27	18	45	5	2	7	5	2	7	17	14	31
Total	84	54	138	13	13	26	28	14	42	43	27	70

TABLE 253. — General Statistics of State Schools for the Mentally Defective in Massachusetts, for the Year Ended September 30, 1938 — Concluded

	ALL STATE SCHOOLS			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Observation Admission Cases:												
Capable of self-support	—	—	—	—	—	—	—	—	—	—	—	—
Capable of partial self-support	—	—	—	—	—	—	—	—	—	—	—	—
Incapable of productive work	—	—	—	—	—	—	—	—	—	—	—	—
Died	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—
Total cases discharged by transfer	2	6	8	1	1	2	1	2	3	—	3	3
Total cases discharged	176	159	335	36	51	87	69	43	112	71	65	136
Patients on books September 30, 1938	2,737	2,965	5,702	599	846	1,445	1,199	872	2,071	939	1,247	2,186
Total number of patients actually in schools September 30, 1938	2,547	2,678	5,225	549	747	1,296	1,153	803	1,956	845	1,128	1,973
Averages												
Daily average population (including patients on visit, escape or parole)	2,764.30	2,957.77	5,722.07	608.02	844.67	1,452.69	1,217.4	873.1	2,090.5	938.88	1,240.00	2,178.88
Daily average population (excluding patients on visit, escape or parole)	2,518.11	2,643.74	5,161.85	545.81	746.23	1,292.04	1,140.1	788.2	1,928.3	832.20	1,109.31	1,941.51
Rated capacity of schools on September 30, 1938	1,983	2,020	4,003	440	662	1,102	906	634	1,540	637	724	1,361
Number of patients on visit on September 30, 1938	77	63	140	12	17	29	20	13	33	45	33	78
Daily average number of patients on visit during year	135.25	97.17	232.42	21.42	25.27	46.69	49.4	23.7	73.1	64.43	48.20	112.63
Number of patients on escape on September 30, 1938	5	10	15	2	8	10	3	—	3	—	2	2
Daily average number of patients on escape during year	11.03	10.39	21.42	6.42	8.15	14.57	4.5	—	4.5	.11	2.24	2.35
Number of patients on parole on September 30, 1938	104	198	302	32	58	90	23	56	79	49	84	133
Daily average number of patients on parole during year	96.87	205.66	302.53	31.33	64.21	95.54	23.4	61.2	84.6	42.14	80.25	122.39
Number of patients in family care on September 30, 1938	4	16	20	4	16	20	—	—	—	—	—	—
Daily average number of patients in family care during year	3.04	.81	3.85	3.04	.81	3.85	—	—	—	—	—	—

Support of patient population (exclusive of patients on visit, escape or parole):
Supported by the State
Reimbursing and private

Number of patients not mentally defective actually in schools on September 30, 1938:

Insane
Epileptic
Others

Total

	2,419	2,600	5,019	525	730	1,255	1,097	765	1,862	797	1,105	1,902
	128	78	206	24	17	41	56	38	94	48	23	71
	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—
	56	49	105	11	16	27	16	15	31	29	18	47
Total	56	49	105	11	16	27	16	15	31	29	18	47

TABLE 254. — *Nativity and Percentage of First Admissions to State Schools, 1938, by Age and Sex*

AGE GROUPS	AGGREGATE			NATIVE BORN										FOREIGN BORN								
				TOTAL			PERCENTAGE															
	BOTH PARENTS FOREIGN						ONE PARENT NATIVE ONE PARENT FOREIGN			BOTH PARENTS NATIVE			UNKNOWN									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
Under 5 years	16	14	30	16	13	29	2	2	4	2	3	5	12	8	20	—	—	—	—	1	1	1
5-9 years	31	34	65	30	33	63	7	11	18	4	6	10	17	14	31	2	2	4	—	1	1	1
10-14 years	35	28	63	35	27	62	10	8	18	6	2	8	15	16	31	4	1	5	—	1	1	1
15-19 years	28	43	71	27	43	70	11	17	28	7	4	11	7	16	23	2	6	8	—	1	—	1
20-24 years	1	6	7	1	5	6	—	3	3	1	—	—	—	1	1	1	—	1	—	—	1	1
25-29 years	—	5	5	—	4	4	—	—	—	—	1	1	1	3	3	—	—	—	—	—	1	1
30-34 years	—	3	4	—	3	4	—	—	1	—	—	—	1	1	2	—	—	—	—	—	—	—
35-39 years	—	1	1	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
40-44 years	—	1	1	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
45-49 years	—	2	3	—	1	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
50-54 years	—	1	1	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
55-59 years	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	114	137	251	112	131	243	31	43	74	20	18	38	53	60	113	8	10	18	—	2	6	8
Average Age	12.0	14.5	13.3	12.0	14.2	13.2	13.8	14.8	14.4	12.8	15.1	13.9	10.6	13.3	12.0	12.5	26.5	14.1	—	12.5	20.1	18.2

Note: No admissions in age group 30-34 years.

TABLE 255. — *Country of Birth of First Admissions to State Schools, 1938, by Parentage and Sex*

NATIVITY	PATIENTS			PARENTS OF MALE PATIENTS			PARENTS OF FEMALE PATIENTS		
	M.	F.	T.	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States ¹	112	131	243	67	66	53	72	76	61
Australia	1	1	—	—	—
Austria	.	.	.	1	1	1	3	2	2
Belgium	.	.	.	—	1	—	—	—	—
Canada ²	2	1	3	8	9	—	6	9	2
Denmark	.	.	.	—	—	—	1	—	—
England	.	.	.	—	—	—	3	2	1
Finland	.	.	.	1	1	1	—	—	—
France	.	.	.	1	1	1	—	—	—
Greece	.	.	.	1	1	1	4	4	4
Holland	.	.	.	1	—	—	—	—	—
Ireland	.	.	.	5	6	5	5	5	5
Italy	.	1	1	10	11	11	14	12	12
Poland	.	1	1	2	5	2	4	4	4
Portugal	.	1	1	5	6	5	3	5	3
Russia	.	—	—	2	2	2	3	4	3
Scotland	.	2	2	—	1	—	2	7	2
South America	.	.	.	1	—	—	—	1	—
Sweden	.	.	.	—	—	—	—	—	—
Turkey in Asia	.	.	.	1	1	1	1	1	1
West Indies ³	.	.	.	—	—	—	1	—	—
Other countries ⁴	.	.	.	—	—	—	4	3	3
Unknown	.	.	.	8	2	2	10	2	2
Total	114	137	251	114	114	84	137	137	105

¹Persons born in Hawaii, Porto Rico and the Virgin Islands are included here.²Includes Newfoundland.³Except Cuba, Porto Rico and the Virgin Islands.⁴Includes Europe and Asia not specified; also, born at sea.

TABLE 256. — *Mental Status of First Admissions and Readmissions to State Schools, 1938, by Age at Admission and Sex*

AGE GROUPS	TOTAL						IDIOT						IMBECILE						MORON						NOT MENTALLY DEFECTIVE					
	FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS			FIRST ADMISSIONS			READMISSIONS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	16	14	30	—	—	—	6	7	13	—	—	—	7	4	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	31	34	65	—	—	—	8	11	19	—	—	—	10	12	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10-14 years	35	28	63	3	1	4	3	1	4	—	—	—	13	13	26	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—
15-19 years	28	43	71	4	3	7	2	3	5	—	—	—	7	8	15	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20-24 years	1	6	7	2	1	3	—	1	1	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-29 years	—	5	5	2	1	3	—	—	—	—	—	—	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35-39 years	1	3	4	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
40-44 years	—	1	1	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45-49 years	1	2	3	1	—	—	—	—	—	—	—	—	1	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50-54 years	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55-59 years	1	1	2	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	114	137	251	20	9	29	19	24	43	2	—	2	40	45	85	8	1	9	54	66	120	9	8	17	1	2	3	1	—	1

TABLE 257. — *Economic Condition of First Admissions to State Schools, 1938, by Mental Status and Sex*

ECONOMIC CONDITION	TOTAL						IDIOT						IMBECILE						MORON						NOT MENTALLY DEFECTIVE					
	M.			F.			M.			F.			M.			F.			M.			F.			M.			F.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Dependent	28	51	79	—	—	—	4	5	9	10	11	21	—	—	—	14	34	48	—	—	—	—	—	—	—	—	—	—	—	—
Marginal	83	84	167	—	—	—	14	19	33	29	34	63	—	—	—	39	30	69	1	—	—	—	—	—	1	—	—	—	—	—
Comfortable	2	1	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Unknown	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	114	137	251	—	—	—	19	24	43	40	45	85	—	—	—	54	66	120	1	—	—	—	—	—	1	—	—	—	—	—

TABLE 258. — *Population of Place of Residence of Admissions to State Schools, 1938, by Mental Status and Sex*

MENTAL STATUS	TOTAL						0-2,499						2,500-9,999						10,000-24,999						25,000-49,999						50,000-99,999						100,000-249,999						500,000 PLUS					
	M.			F.			T.			M.			F.			T.			M.			F.			T.			M.			F.			T.			M.			F.			T.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.									
Idiot	21	24	45				2	1	3				1	2	3	3	3	6	2	4	6	4	2	6	5	5	10	4	7	11																		
Imbecile	48	46	94				3	2	5				5	6	11	15	5	20	3	7	10	5	7	12	10	12	22	7	7	14																		
Morons	63	74	137				9	7	16				10	9	19	17	9	26	6	9	15	7	5	12	9	16	25	5	19	24																		
Not Mentally Defective	2	2	4										4	9	13																																	
Total	134	146	280				14	10	24				17	17	34	35	17	52	12	21	33	16	14	30	24	34	58	16	33	49																		

Note: No cases in population group 250,000-499,999.

TABLE 259. — *Clinical Diagnoses of First Admissions to State Schools, 1938, by Age at Admission and Sex*

CLINICAL DIAGNOSES	TOTAL		UNDER 5 YRS.		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		35-39 YEARS		40 YEARS AND OVER	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Familial	23	35	1	1	5	4	9	7	5	12	8	21	29	—	—	—	—	—
Mongolism	13	11	4	1	5	6	11	1	4	5	2	2	—	1	—	—	—	—
With developmental cranial anomalies	3	10	—	5	5	1	3	4	1	1	2	1	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyzes	4	6	1	—	1	1	4	5	2	1	3	—	—	—	—	—	—	—
Post-infectious	1	4	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—
Post-traumatic—natal	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy—symptomatic	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
With epilepsy—idiopathic	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With endocrine disorders	1	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	64	63	9	6	15	15	13	28	23	15	38	16	17	33	5	5	—	—
Undifferentiated	1	3	—	—	—	1	1	2	—	—	—	2	2	—	—	—	1	3
Other forms	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Total	114	137	16	14	30	31	34	65	35	28	63	28	43	71	1	6	7	2

Note: No admissions in age group 30-34 years.

TABLE 260. — *Clinical Diagnoses of Readmissions to State Schools, 1938, by Age at Admission and Sex*

CLINICAL DIAGNOSES	TOTAL		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		40-44 YEARS		45-49 YEARS	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.
Familial	1	5	—	—	—	1	1	—	—	3	3	—	—	—	—	—	—	—
Mongolism	2	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyzes	2	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Post-infectious	2	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—
Post-traumatic	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undifferentiated	13	3	1	1	2	5	—	5	3	—	3	2	1	3	—	1	—	1
Total	20	9	4	1	5	5	1	6	4	3	7	2	1	3	1	—	1	—

Note: No cases under 5 years or in age group 35-39 years.

TABLE 263. — *Clinical Diagnoses of Admissions to State Schools, 1938, by School and Sex*¹

CLINICAL DIAGNOSES	TOTAL			BELCHERTOWN			WALTER E. FERNALD			WRENTHAM			
	M.		F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	24	40	64	31	10	21	31	7	4	11	7	15	22
Mongolism	15	11	26	1	1	1	2	3	—	3	11	10	21
With developmental cranial anomalies	3	10	13	1	—	1	1	1	1	2	2	8	10
With congenital cerebral spastic infantile paralysis	6	6	12	1	1	1	2	—	3	3	5	2	7
Post-infectious	3	4	7	1	2	2	3	1	1	2	—	2	2
Post-traumatic — natal	1	2	3	—	—	—	—	1	1	2	—	1	1
With epilepsy — symptomatic	1	—	1	1	—	—	1	—	—	—	—	—	—
With epilepsy — idiopathic	—	1	1	1	—	—	—	—	1	1	—	—	1
With endocrine disorders	2	1	3	—	1	—	1	—	1	1	1	1	2
With other organic nervous disease	1	2	3	—	—	—	—	—	—	—	—	—	—
Undifferentiated	77	66	143	34	16	18	34	35	24	59	26	24	50
Other forms	1	3	4	—	—	—	—	1	2	3	—	1	1
Total	134	146	280	75	32	43	75	49	39	88	53	64	117

¹Minus transfers.TABLE 264. — *Mental Status of Patients Discharged from State Schools, 1938, by Age at Discharge and Sex*

AGE AT DISCHARGE			TOTAL			IDIOT			IMBECILE			MORON			NOT MENTALLY DEFECTIVE		
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years			1	1	2	—	—	—	1	1	2	—	—	—	—	—	—
5-9 years			7	4	11	4	—	4	1	1	2	2	2	—	—	—	
10-14 years			10	6	16	1	1	2	6	2	3	3	1	4	1	1	
15-19 years			52	18	70	1	1	2	13	3	16	37	11	48	1	3	
20-24 years			31	24	55	3	—	3	8	5	13	18	17	35	2	4	
25-29 years			24	25	49	—	1	1	3	3	6	16	17	33	5	9	
30-34 years			8	18	26	—	—	—	2	2	4	5	11	16	1	7	
35-39 years			3	8	11	—	1	1	1	1	2	2	6	8	—	—	
40-44 years			—	12	12	—	—	—	—	1	1	—	11	11	—	—	
45-49 years			—	7	7	—	—	—	—	—	—	—	5	5	1	1	
50 years and over			—	4	4	—	—	—	—	3	3	—	1	1	—	—	
Total			136	127	263	9	5	14	35	22	57	83	82	165	9	18	27

TABLE 265. — Age at Discharge of Patients Discharged from State Schools, 1938, by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	42	47	89	-	-	-	-	-	-	2	-	2	15	3	18	11	11	22
Mongolism	4	2	6	-	-	-	1	-	1	-	1	1	2	-	2	1	1	2
With developmental cranial anomalies	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With congenital cerebral spastic infantile paralysis	6	2	8	1	-	1	2	-	2	1	-	1	1	1	2	1	1	2
Post-infectious	7	7	14	-	1	1	-	-	-	-	1	1	2	2	4	2	2	2
Post-traumatic — natal	3	1	4	-	-	-	-	-	-	-	-	1	2	-	2	-	-	-
With epilepsy — symptomatic	2	-	2	-	-	-	-	-	-	1	-	1	1	-	1	-	-	-
With epilepsy — idiopathic	2	6	8	-	-	-	-	-	-	1	1	1	1	1	2	-	-	-
With endocrine disorders	3	1	4	-	-	-	-	-	-	2	2	2	1	-	1	-	-	-
Undifferentiated	61	52	113	-	-	-	3	3	6	2	2	4	26	8	34	15	10	25
Other forms	5	9	14	-	-	-	-	1	1	1	1	2	1	3	4	1	1	2
Total	136	127	263	1	1	2	7	4	11	10	6	16	52	18	70	31	24	55

CLINICAL DIAGNOSES	25-29 YEARS			30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS			50 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	9	11	20	3	9	12	2	4	6	-	4	4	-	5	5	-	-	-
Mongolism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With developmental cranial anomalies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With congenital cerebral spastic infantile paralysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-infectious	2	1	3	1	1	2	-	-	-	-	1	1	-	-	-	-	-	-
Post-traumatic — natal	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
With epilepsy — symptomatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — idiopathic	-	1	1	1	-	1	-	1	1	-	-	-	-	-	-	-	2	2
With endocrine disorders	12	12	24	3	5	8	-	-	-	-	-	-	-	1	1	-	1	1
Undifferentiated	1	-	1	-	3	3	-	3	3	-	6	6	-	1	1	-	2	2
Other forms	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Total	24	25	49	8	18	26	3	8	11	-	12	12	-	7	7	-	4	4

TABLE 266. — *Intelligence Quotient of Patients Discharged from State Schools, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0-99			I.Q. 10-19			I.Q. 20-29			I.Q. 30-39			I.Q. 40-49			I.Q. 50-59			I.Q. 60-69			I.Q. 70-79			I.Q. 80-89			I.Q. 90 PLUS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Familial	42	47	89	—	—	—	—	—	2	—	2	—	2	—	2	8	7	15	10	14	24	13	12	25	6	11	17	1	3	4	—	—	
Mongolism	4	2	6	—	—	—	—	1	1	3	—	3	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—		
With developmental cranial anomalies	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
With congenital cerebral spastic infantile paralyses	6	2	8	2	1	3	—	—	—	1	1	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Post-infectious	7	7	14	—	—	—	—	1	1	—	—	1	1	—	—	1	—	1	—	2	2	4	3	—	3	1	3	4	—	—	—		
Post-traumatic — natal	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	2	1	—	—	—	—	—	—	—	—	—		
With epilepsy — symptomatic	2	—	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—		
With epilepsy — idiopathic	2	6	8	—	1	1	—	1	2	3	—	—	—	—	—	—	1	1	1	1	2	—	1	1	—	—	—	—	—	—	—		
With endocrine disorders	3	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Undifferentiated	61	52	113	2	2	1	2	1	2	2	2	7	4	11	—	11	2	13	11	8	19	19	11	30	9	20	29	1	4	5	—	—	
Other forms	5	9	14	—	—	—	—	1	1	2	—	—	1	—	1	—	1	1	1	1	3	4	1	1	2	—	—	—	1	2	3	—	
Total	136	127	263	4	2	6	4	6	10	7	3	10	12	5	17	20	13	33	29	28	57	38	26	64	19	34	53	3	9	12	—	1	

TABLE 267. — *Capability on Discharge of Patients Discharged from State Schools, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL		CAPABLE OF SELF-SUPPORT		CAPABLE OF PARTIAL SELF-SUPPORT		INCAPABLE OF PRODUCTIVE WORK	
	M.	F.	M.	F.	M.	F.	M.	F.
Familial	42	47	89	14	20	34	17	18
Mongolism	4	2	6	—	—	—	—	1
With developmental cranial anomalies	1	—	1	—	—	—	—	1
With congenital cerebral spastic infantile paralyses	6	2	8	—	—	—	—	1
Post-infectious	7	7	14	2	2	4	1	2
Post-traumatic — natal	3	1	4	—	—	—	1	1
Post-traumatic — symptomatic	2	—	2	—	—	—	1	1
With epilepsy — symptomatic	2	6	8	1	—	—	—	—
With epilepsy — idiopathic	3	1	4	—	—	—	—	1
With endocrine disorders	3	1	4	—	—	—	—	1
Undifferentiated	61	52	113	18	21	39	23	18
Other forms	5	9	14	1	2	3	1	1
Total	136	127	263	36	45	81	47	41

TABLE 268. — *Times Out on Visit during THIS Admission, Patients Discharged from State Schools, 1938, by School and Sex*

STATE SCHOOLS	NUMBER OF TIMES OUT ON VISIT																															
	TOTAL DISCHARGED	NONE		ONE		TWO		THREE		FOUR		FIVE		SIX		SEVEN		EIGHT		NINE		TEN		ELEVEN AND OVER								
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.								
Belchertown, W. E. Fernald, Wrentham	29	46	75	3	2	5	6	9	15	6	9	15	4	9	13	5	6	11	1	1	2	1	4	5	1	2	3	—	—	2	2	
	61	38	99	9	8	17	6	7	13	7	2	9	11	—	11	9	3	12	—	4	4	8	3	11	2	—	2	1	1	6	8	
	46	43	89	3	4	7	9	12	21	8	3	11	9	5	14	5	6	11	1	2	3	1	4	2	2	4	1	1	2	1	6	
Total	136	127	263	15	14	29	21	28	49	21	14	35	24	14	38	19	15	34	2	7	9	12	5	17	5	6	11	4	4	8	3	2
																															5	7
																															16	23

TABLE 269. — *Length of School Residence during THIS Admission, Patients Discharged from State Schools, 1938, by Mental Status and Sex*

LENGTH OF SCHOOL RESIDENCE	NET TIME IN RESIDENCE						TIME OUT																								
	TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE		TOTAL		IDIOT		IMBECILE		MORON		NOT MENTALLY DEFECTIVE												
	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.	M. F.	T.											
Under 3 months	10	6	16	3	—	3	4	2	6	2	3	5	1	2	16	15	31	—	1	1	1	1	1	1	1	1	1	1	2	2	
3-5 months	6	3	9	1	1	1	1	1	2	5	1	6	—	—	6	5	11	—	—	—	—	—	—	—	—	—	—	—	—	—	
6-8 months	2	2	4	1	—	—	—	—	—	1	1	2	1	1	4	2	6	1	1	1	1	1	3	4	3	2	2	5	5	1	2
9-11 months	1	2	3	—	—	—	1	—	1	1	1	1	—	—	2	5	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1 year	17	6	23	—	—	—	8	1	9	9	5	14	—	—	65	36	101	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2 years	16	4	20	1	1	2	4	1	7	11	2	13	—	2	12	13	25	1	1	1	1	3	1	4	7	8	15	3	6	9	5
3 years	10	9	19	1	1	2	5	2	7	4	4	8	—	2	8	5	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4 years	10	7	17	—	—	—	4	1	5	6	5	11	—	1	1	8	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-9 years	33	44	77	1	1	2	5	6	11	23	31	54	4	6	10	15	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10-14 years	26	23	49	2	1	3	3	2	2	18	18	36	3	7	5	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15-19 years	4	11	15	—	—	—	2	2	2	3	8	11	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20-24 years	1	4	5	—	—	—	—	—	—	1	1	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-29 years	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30-34 years	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	136	127	263	9	5	14	35	22	57	83	82	165	9	18	27	120	111	231	7	2	9	31	20	51	74	73	147	8	16	24	—

TABLE 270. — Length of School Residence during THIS Admission of Patients Discharged from State Schools, 1938,
by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES		TOTAL		UNDER 3 MO.		3-5 MONTHS		6-8 MONTHS		9-11 MONTHS		1 YEAR		2 YEARS		3 YEARS					
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Familial	.	42	47	89	1	-	1	-	-	-	-	2	2	4	2	-	2	3	2	5	
Mongolism	.	4	2	6	1	1	-	1	-	-	-	2	2	-	1	-	-	1	1	-	
With developmental cranial anomalies	.	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	
With congenital cerebral spastic infantile paralyses	.	6	2	8	4	-	4	-	1	1	-	-	-	-	2	-	2	-	1	1	
Post-infectious	.	7	7	14	1	1	2	-	-	-	-	1	-	1	1	-	1	1	2	2	
Post-traumatic — natal	.	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With epilepsy — symptomatic	.	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
With epilepsy — idiopathic	.	2	6	8	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	
With endocrine disorders	.	3	1	4	-	-	-	-	-	-	1	1	1	-	1	1	-	-	-	-	
Undifferentiated	.	61	52	113	2	2	4	4	1	5	2	1	3	10	2	8	3	11	3	5	
Other forms	.	5	9	14	1	3	4	-	-	-	-	2	2	3	1	2	3	1	1	2	
Total	.	136	127	263	10	6	16	6	3	9	2	2	4	1	2	3	17	6	23	10	9
		19	4	23	16	4	20														

CLINICAL DIAGNOSES		4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS						
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.				
Familial	.	5	1	6	19	22	41	10	12	22	-	5	5	-	1	1	-	1	1	-
Mongolism	.	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
With developmental cranial anomalies	.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With congenital cerebral spastic infantile paralyses	.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Post-infectious	.	-	1	1	1	4	5	2	1	3	-	-	-	-	-	-	-	-	-	-
Post-traumatic — natal	.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
With epilepsy — symptomatic	.	1	-	1	1	1	2	-	1	1	-	1	1	-	-	-	-	-	-	-
With epilepsy — idiopathic	.	-	-	-	12	15	27	14	8	22	2	5	7	-	2	2	-	1	1	1
Undifferentiated	.	4	5	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other forms	.	-	-	-	-	1	1	-	1	1	1	1	1	-	1	1	2	-	-	-
Total	.	10	7	17	33	44	77	26	23	49	4	11	15	-	1	4	5	-	2	2

TABLE 271. — *Mental Status of Deaths in State Schools, 1938, by Age at Death and Sex*

	AGE AT DEATH										TOTAL			IDIOT			IMBECILE			MORON		
											M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	3	6	9	2	5	7	1	1	2	—	—	—
5-9 years	4	6	10	2	6	8	2	2	2	—	—	—
10-14 years	5	2	7	1	—	1	3	2	2	—	—	—
15-19 years	8	4	12	4	3	7	3	2	5	1	—	1
20-24 years	9	4	13	6	1	7	2	1	4	1	—	1
25-29 years	2	—	2	1	—	2	1	—	2	1	—	4
30-34 years	1	2	3	1	1	1	1	—	1	—	—	—
35-39 years	3	—	3	1	1	2	2	1	1	—	—	—
40-44 years	—	1	1	—	—	1	—	1	2	—	—	—
45-49 years	1	1	2	—	—	—	1	1	1	—	—	—
50-54 years	1	—	—	—	—	—	1	—	—	—	—	—
55-59 years	—	—	—	—	—	—	—	—	—	—	—	—
60 years and over	1	—	1	—	—	—	1	—	1	—	—	—
Total	38	26	64	18	16	34	17	7	24	3	3	6

NOTE: — There were no deaths in the age group 55-59 years.

TABLE 272. — *Clinical Diagnoses of Deaths in State Schools, 1938, by Age at Death and Sex*

CLINICAL DIAGNOSES	TOTAL			UNDER 5 YEARS			5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	9	4	13	1	—	1	2	—	2	—	2	—	2	—	2	—	3	3	1	—	1
Mongolism	9	9	18	1	2	3	2	3	5	—	4	2	6	—	1	1	2	2	—	—	—
With developmental cranial anomalies	1	3	4	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyses	2	1	3	1	—	1	—	—	—	—	—	—	—	—	1	1	1	1	—	—	—
Post-infectious	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — natal	1	1	2	—	—	—	—	1	1	—	—	—	—	—	—	1	1	—	—	—	—
Post-traumatic — post-natal	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	—	3	3	—	1	1	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
With endocrine disorders	1	1	2	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—
Undifferentiated	11	2	13	—	—	—	—	1	1	1	1	1	1	3	—	4	—	4	1	—	1
Other forms	1	1	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Total	38	26	64	3	6	9	4	6	10	5	2	7	8	4	12	9	4	13	2	—	2

CLINICAL DIAGNOSES	30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS			50-54 YEARS			60 YEARS AND OVER					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Familial	1	—	1	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Mongolism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With developmental cranial anomalies	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-infectious	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — natal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-traumatic — post-natal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With endocrine disorders	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Undifferentiated	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	2	3	3	—	3	—	—	3	—	1	1	1	1	2	1	—	1	1	—	1

NOTE: — There were no deaths in age group 55-59 years.

TABLE 273. — *Intelligence Quotient of Deaths in State Schools, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES																							
TOTAL			I.Q. 0-9			I.Q. 10-19			I.Q. 20-29			I.Q. 30-39			I.Q. 40-49			I.Q. 50-59			I.Q. 60-69		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
9	4	13	4	—	4	3	—	3	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
9	9	18	—	—	—	3	3	6	3	3	6	—	—	—	1	1	2	1	3	4	—	1	1
1	3	4	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	1	3	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	1	3	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	3	3	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	1	2	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
11	2	13	4	—	4	—	1	1	1	1	2	—	—	—	2	1	3	2	—	2	—	—	—
1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
38	26	64	12	6	18	8	7	15	6	5	11	5	1	6	3	2	5	4	4	8	—	1	1

TABLE 274. — *Length of School Residence during All Admissions, Deaths in State Schools, 1938, by Mental Status and Sex*

LENGTH OF SCHOOL RESIDENCE											
TOTAL			IDIOT			IMBECILE			MORON		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
—	3	3	—	3	3	—	—	—	—	—	—
1	4	5	1	2	2	1	2	3	—	—	—
2	—	2	2	—	2	1	1	1	—	—	—
—	2	2	—	2	2	1	—	1	—	—	—
6	2	2	—	1	1	2	1	1	—	—	—
—	1	1	4	—	4	1	—	—	—	1	1
1	3	4	—	3	3	2	1	1	—	—	—
2	3	5	—	1	1	2	1	3	—	1	1
11	2	13	5	1	6	3	3	4	3	—	3
—	3	3	3	1	4	2	2	2	—	1	1
6	7	13	4	4	8	1	2	2	—	—	—
1	2	3	1	2	3	—	—	—	—	—	—
1	—	1	—	—	—	—	—	—	—	—	—
38	26	64	18	16	34	17	7	24	3	3	6
Total											

NOTE: — No deaths in age groups 30-34 and 35-39 years.

TABLE 275. — *Causes of Death of Patients who Died in State Schools, 1938, by Mental Status and Sex*

CAUSES OF DEATH	TOTAL				IDIOT				IMBECILE				MORON			
	M.	F.	T.		M.	F.	T.		M.	F.	T.		M.	F.	T.	
<i>Infectious and Parasitic Diseases:</i>																
Measles	1	1	2		1	1	2		—	—	—		—	—	—	
Scarlet fever	1	—	1		—	—	—		1	—	1		—	—	—	
Tuberculosis of the respiratory system	10	3	13		4	—	4		6	1	7		2	2	—	
Tuberculosis of other organs	—	1	1		—	1	1		—	—	—		—	—	—	
Disseminated tuberculosis	1	—	1		—	—	—		1	—	1		—	—	—	
Syphilis	1	—	1		1	—	1		—	—	—		—	—	—	
<i>Cancer and Other Tumors:</i>																
Cancer and other malignant tumors	1	—	1		—	—	—		1	—	1		—	—	—	
<i>Diseases of the Blood and Blood-Making Organs:</i>																
Leukemias and pseudoleukemias	1	—	1		—	—	—		—	—	—		1	—	1	
<i>Diseases of the Nervous System and of the Organs of Special Sense:</i>																
Encephalitis (non-epidemic)	—	1	1		—	1	1		—	—	—		—	—	—	
Meningitis	1	—	1		1	—	1		—	—	—		—	—	—	
Other diseases of the spinal cord	—	1	1		—	1	1		—	—	—		—	—	—	
Epilepsy	—	3	3		—	2	2		—	1	1		—	—	—	
Other diseases of the nervous system	3	—	3		3	—	3		—	—	—		—	—	—	
Diseases of the organs of special sense (ear, mastoid and eye)	1	—	1		1	—	1		—	—	—		—	—	—	
<i>Diseases of the Circulatory System:</i>																
Endocarditis	1	—	1		—	—	—		1	—	1		—	—	—	
Myocarditis	1	—	1		—	—	—		1	—	1		—	—	—	
Other diseases of the heart	3	1	4		2	—	2		—	1	1		1	—	1	
<i>Diseases of the Respiratory System:</i>																
Bronchopneumonia (including capillary bronchitis)	6	3	9		3	2	5		3	1	4		—	—	—	
Lobar pneumonia	—	2	2		—	2	2		—	—	—		—	—	—	
Pleurisy	1	—	1		1	—	1		1	—	1		—	—	—	
Other diseases of the respiratory system (tuberculosis excepted)	1	—	1		—	—	—		—	—	—		—	—	—	
<i>Diseases of the Digestive System:</i>																
Hernia, intestinal obstruction	1	1	2		—	—	—		1	1	2		—	—	—	
Other diseases of the intestines	—	1	1		—	1	1		—	—	—		—	—	—	
Cirrhosis of the liver	—	1	1		—	—	—		—	—	—		—	—	—	
<i>Diseases of the Genito-Urinary System:</i>																
Nephritis	1	2	3		—	1	1		—	—	—		1	1	2	
Other diseases of the kidneys and ureters (puerperal diseases excepted)	1	1	2		—	1	1		1	—	1		—	—	—	
<i>Congenital Malformations:</i>																
Congenital malformation (still-birth not included)	—	4	4		—	3	3		—	1	1		—	—	—	
<i>Violent and Accidental Deaths:</i>																
Homicide	1	—	1		1	—	1		—	—	—		—	—	—	
Total	38	26	64		18	16	34		17	7	24		3	3	6	

TABLE 276. — Admission Age and Present Age of Patients Resident in State Schools on September 30, 1938, by School and Sex

AGE GROUPS	TOTAL — ALL SCHOOLS						BELCHERTOWN					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	190	152	342	38	24	62	37	26	63	8	2	10
5-9 years	946	605	1,551	201	163	364	153	105	258	40	49	89
10-14 years	808	717	1,525	529	336	865	138	178	316	80	57	137
15-19 years	371	616	987	563	463	1,026	104	205	309	146	140	286
20-24 years	112	264	376	320	464	784	55	81	136	79	173	252
25-29 years	54	137	191	285	326	611	27	65	92	62	97	159
30-34 years	22	86	108	204	273	477	12	27	39	44	71	115
35-39 years	24	54	78	135	214	349	9	28	37	41	63	104
40-44 years	9	24	33	98	172	270	5	16	23	22	52	74
45-49 years	7	12	19	72	100	172	1	8	13	11	21	32
50-54 years	2	9	11	44	78	122	1	6	7	4	16	20
55-59 years	2	2	4	17	27	61	1	2	3	9	2	11
60-64 years	—	—	—	17	23	40	—	—	—	3	8	11
65-69 years	—	—	—	7	10	17	—	—	—	—	3	3
70 years and over	—	—	—	—	5	5	—	—	—	—	2	2
Total	2,547	2,678	5,225	2,547	2,678	5,225	549	747	1,296	549	747	1,296
Average Age	12.13	15.50	13.86	22.85	26.17	24.55	14.88	18.36	16.89	23.14	26.38	25.01

AGE GROUPS	WALTER E. FERNALD						WRENTHAM					
	AGE AT ADMISSION			PRESENT AGE			AGE AT ADMISSION			PRESENT AGE		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 5 years	33	23	55	1	—	1	120	104	224	29	22	51
5-9 years	436	213	649	63	34	97	120	287	644	98	89	187
10-14 years	443	230	673	216	104	320	227	309	536	233	175	408
15-19 years	167	165	332	242	140	382	100	246	346	175	183	358
20-24 years	35	77	112	151	126	277	22	106	128	90	185	255
25-29 years	17	42	59	130	94	224	10	30	40	93	135	228
30-34 years	8	33	41	94	71	165	2	26	28	66	131	197
35-39 years	11	12	23	61	54	115	4	14	18	33	97	130
40-44 years	—	6	6	64	52	116	2	2	4	12	68	80
45-49 years	2	2	4	54	49	103	—	2	2	7	30	37
50-54 years	1	1	2	36	39	75	—	2	2	4	23	27
55-59 years	—	—	—	22	19	41	1	—	1	3	6	9
60-64 years	—	—	—	12	12	24	—	—	—	2	3	5
65-69 years	—	—	—	7	6	13	—	—	—	—	1	1
70 years and over	—	—	—	—	3	3	—	—	—	—	—	—
Total	1,153	803	1,956	1,153	803	1,956	845	1,128	1,973	845	1,128	1,973
Average Age	12.07	15.25	13.37	25.48	28.40	26.68	10.42	13.78	12.34	19.08	24.44	22.15

TABLE 277. — Admission Age and Present Age of Patients Out (Visit, Parole, etc.) of State Schools on September 30, 1938, by School and Sex

AGE GROUPS	TOTAL — ALL SCHOOLS										BELCHERTOWN									
	AGE AT ADMISSION					PRESENT AGE					AGE AT ADMISSION					PRESENT AGE				
	M.		F.		T.	M.		F.		T.	M.		F.		T.	M.		F.		T.
Under 5 years	3	1	24	4	69	1	6	1	1	7	5	3	—	8	—	—	—	—	—	—
5-9 years	45	79	70	149	18	4	4	20	10	30	20	10	3	7	—	—	—	—	—	—
10-14 years	45	40	97	142	60	40	20	49	37	50	13	37	8	30	3	8	3	19	32	11
15-19 years	8	43	25	51	89	25	44	65	16	21	15	16	13	21	22	15	22	24	37	21
20-24 years	4	21	2	25	25	18	52	70	2	8	2	8	3	10	18	3	18	9	14	21
25-29 years	2	10	12	12	13	13	33	46	1	8	1	8	5	9	10	5	5	14	14	14
30-34 years	1	11	8	8	5	5	23	28	—	6	—	6	2	6	12	2	2	10	12	12
35-39 years	—	—	1	1	1	1	20	21	—	1	—	1	1	1	7	1	1	7	8	8
40-44 years	—	—	—	—	—	—	10	10	—	1	—	1	—	1	7	—	—	—	—	—
45-49 years	—	—	—	—	—	—	7	9	—	1	—	1	—	2	4	—	—	—	—	—
50-54 years	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
55-59 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60-64 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65-69 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
70 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	190	287	477	17.11	477	190	287	477	29.25	477	50	99	149	28.90	33.96	50	99	149	32.26	32.26
Average Age	14.09	19.10	17.11			24.55	32.36	29.25			17.90	23.45	21.59							

AGE GROUPS	WALTER E. FERNALD										WRENTHAM									
	AGE AT ADMISSION					PRESENT AGE					AGE AT ADMISSION					PRESENT AGE				
	M.		F.		T.	M.		F.		T.	M.		F.		T.	M.		F.		T.
Under 5 years	—	11	9	20	—	—	—	—	—	—	3	1	1	4	—	1	—	—	—	1
5-9 years	25	15	16	40	4	4	1	1	5	5	29	12	45	41	5	14	3	17	6	17
10-14 years	9	18	27	27	12	3	3	15	34	48	23	42	65	79	20	20	14	34	34	34
15-19 years	—	—	—	—	16	11	6	17	3	11	3	11	14	14	16	16	24	40	40	40
20-24 years	—	—	—	—	17	12	19	31	7	7	2	5	7	7	17	17	24	41	41	41
25-29 years	—	—	—	—	1	4	13	17	1	1	—	—	2	2	1	11	17	32	32	32
30-34 years	—	—	—	—	1	1	7	8	—	—	—	—	2	2	2	7	17	24	24	24
35-39 years	—	—	—	—	2	—	5	5	—	—	—	—	—	—	—	3	8	11	11	11
40-44 years	—	—	—	—	2	—	6	6	—	—	—	—	—	—	—	—	7	7	7	7
45-49 years	—	—	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
50-54 years	—	—	—	—	1	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
55-59 years	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
60-64 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65-69 years	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
70 years and over	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	46	69	115	16.36	115	46	69	115	30.63	115	94	119	213	22.77	29.26	94	119	213	26.40	26.40
Average Age	13.15	18.51	16.36			23.47	35.41	30.63			12.53	15.82	14.37							

TABLE 278. — *Intelligence Quotient of Patients Resident in State Schools on September 30, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			I.Q. 0-99			I.Q. 10-19			I.Q. 20-29			I.Q. 30-39		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	602	945	1,547	12	13	25	31	25	56	45	42	87	72	94	166
Mongolism	158	134	292	7	7	14	51	25	76	56	57	113	37	33	70
With developmental cranial anomalies	81	64	145	12	17	29	11	16	27	15	9	24	12	8	20
With congenital cerebral spastic infantile paralyses	103	97	200	15	19	34	16	16	32	19	15	34	17	14	31
Post-infectious	129	117	246	5	11	16	21	16	37	14	12	26	15	11	26
Post-traumatic — natal	59	50	109	10	6	16	16	7	23	6	13	19	7	7	14
Post-traumatic — post-natal	11	16	27	1	1	1	2	3	3	2	2	4	1	4	5
With epilepsy — symptomatic	5	16	21	1	1	2	2	2	5	1	3	4	1	2	3
With epilepsy — idiopathic	44	50	94	12	16	28	10	10	20	6	4	10	7	10	17
With endocrine disorders	31	38	69	1	2	3	2	6	8	4	10	14	6	6	12
With familial amaurosis	7	3	10	—	1	1	1	1	—	1	—	1	—	1	1
With tuberculous sclerosis	3	—	3	2	2	2	1	—	—	—	—	—	—	—	—
With other organic nervous disease	12	10	22	1	—	1	3	4	7	2	1	3	—	2	2
Undifferentiated	1,142	988	2,130	53	39	92	132	81	213	135	100	235	164	127	291
Other forms	160	150	310	4	12	16	16	14	30	22	22	44	27	18	45
Total	2,547	2,678	5,225	136	144	280	313	225	538	328	290	618	366	337	703

CLINICAL DIAGNOSES	I.Q. 40-49			I.Q. 50-59			I.Q. 60-69			I.Q. 70-79			I.Q. 80-89			I.Q. 90 AND OVER	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
Familial	137	216	353	153	255	408	114	208	322	36	79	115	2	12	14	—	1
Mongolism	7	5	12	7	2	9	7	1	8	—	1	2	—	1	1	—	—
With developmental cranial anomalies	16	9	25	13	10	23	9	4	13	2	3	5	—	2	2	—	—
With congenital cerebral spastic infantile paralyses	12	14	26	24	27	51	23	12	35	6	6	12	2	2	2	—	2
Post-infectious	19	20	39	5	5	10	6	3	9	3	3	4	1	1	1	1	1
Post-traumatic — natal	5	5	10	2	2	4	4	2	4	1	1	—	—	—	—	—	—
Post-traumatic — post-natal	2	2	4	6	4	6	2	2	4	—	—	—	—	—	—	—	—
With epilepsy — symptomatic	—	4	4	2	2	2	1	1	1	1	—	—	—	—	—	—	—
With epilepsy — idiopathic	5	6	11	2	2	4	1	2	3	—	—	—	—	—	—	—	—
With endocrine disorders	11	7	18	2	5	7	4	2	6	1	—	—	1	—	—	—	—
With familial amaurosis	4	—	4	1	1	2	1	—	1	—	—	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	2	—	2	1	2	3	2	1	3	—	—	—	—	—	—	—	—
Undifferentiated	248	185	433	203	218	421	150	165	315	52	69	121	4	4	8	1	1
Other forms	38	28	66	31	27	58	12	16	28	8	9	17	2	3	5	—	—
Total	506	501	1,007	445	570	1,015	329	417	746	110	168	278	12	22	34	2	4

TABLE 279. — *Population of Place of Residence at Time of Admission of Patients Resident in State Schools on September 30, 1938, by Mental Status and Sex*

MENTAL STATUS	TOTAL			0-2,499			2,500-9,999			10,000-24,999			25,000-49,999			50,000-99,999			100,000-249,999			500,000 Plus			UNKNOWN		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiot	417	354	771	19	20	39	48	36	84	70	42	112	48	43	91	41	37	78	113	73	186	77	101	178	1	2	3
Imbecile	1,138	1,083	2,221	72	68	140	153	149	302	178	156	334	138	121	259	106	93	199	221	239	460	266	255	521	4	2	6
Moron	936	1,192	2,128	72	103	175	112	201	313	181	206	387	116	93	209	72	94	166	192	290	482	188	201	389	3	4	7
Not Mentally Defective	56	49	105	11	2	13	16	9	25	3	11	14	5	1	6	3	2	5	11	13	24	6	11	17	1	-	1
Total	2,547	2,678	5,225	174	193	367	329	395	724	432	415	847	307	258	565	222	226	448	537	615	1,152	537	568	1,105	9	8	17

Note: — No cases in population group 250,000-499,999.

TABLE 280. — *Length of School Residence during THIS Admission of Patients Resident in State Schools on September 30, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL		UNDER 3 Mo.		3-5 MONTHS		6-8 MONTHS		9-11 MONTHS		1 YEAR		2 YEARS		3 YEARS		4 YEARS							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
Familial	602	945	1,547	7	12	19	1	10	11	13	26	37	57	94	36	58	94	38	50	88.	43	56	99	
Mongolism	158	134	292	11	6	17	2	2	4	1	1	27	6	33	22	16	38	14	18	32	12	19	31	
With developmental cranial anomalies	81	64	145	1	3	4	1	2	3	—	3	3	1	5	15	5	8	13	7	8	15	12	7	19
With congenital cerebral spastic infantile paralyses	103	97	200	4	1	5	—	—	—	—	3	3	1	2	12	6	7	13	7	9	16	9	6	15
Post-infectious	129	117	246	1	1	2	—	2	2	—	1	2	—	—	11	12	6	18	7	6	13	7	14	21
Post-traumatic — natal	59	50	109	1	1	2	—	1	1	—	—	3	2	5	1	3	4	6	5	11	7	3	10	
Post-traumatic — post-natal	11	16	27	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	1	3	—	—	3	
With epilepsy — symptomatic	5	16	21	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1	1	
With epilepsy — idiopathic	44	50	94	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2	4	3	7	
With endocrine disorders	31	38	69	1	1	1	—	—	—	—	1	2	3	4	7	4	3	7	2	2	4	4	5	9
With familial amaurosis	7	3	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
With tuberous sclerosis	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
With other organic nervous disease	12	10	22	1	1	2	—	1	1	—	—	—	4	5	9	1	1	1	3	—	3	—	—	
Undifferentiated	1,142	988	2,130	30	23	53	12	15	27	19	14	33	126	79	205	84	82	166	47	47	94	54	55	109
Other forms	160	150	310	—	1	1	1	—	1	—	1	1	14	8	22	7	4	11	3	6	9	6	11	17
Total	2,547	2,678	5,225	57	50	107	17	33	50	37	30	67	246	170	416	178	188	366	137	154	291	163	181	344

TABLE 280: — Length of School Residence during THIS Admission of Patients Resident in State Schools on September 30, 1938, by Clinical Diagnoses and Sex — Concluded

CLINICAL DIAGNOSES	5-9 YEARS			10-14 YEARS			15-19 YEARS			20-24 YEARS			25-29 YEARS			30-34 YEARS			35-39 YEARS			40 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	170	256	426	124	194	318	89	123	212	25	61	86	11	38	49	5	5	10	—	3	3	1	3	4
Mongolism	27	35	62	23	20	43	13	8	21	2	3	5	1	1	2	—	2	—	2	—	2	—	—	—
With developmental cranial anomalies	12	13	25	12	5	17	10	2	12	4	1	5	3	3	4	2	1	3	1	2	3	—	—	—
With congenital cerebral spastic infantile paralyseis	16	16	32	11	22	33	15	11	26	6	4	10	7	5	12	6	6	12	4	2	6	1	2	3
Post-infectious	36	31	67	17	18	35	15	14	29	7	6	13	9	4	13	4	7	11	1	3	4	1	2	3
Post-traumatic — natal	15	11	26	13	10	23	6	8	14	3	3	6	2	2	4	2	1	1	—	—	—	—	1	1
Post-traumatic — post-natal	4	2	6	—	4	4	—	2	2	1	1	2	—	2	2	—	—	1	—	—	—	—	3	3
With epilepsy — symptomatic	3	3	—	—	4	4	2	2	4	—	—	3	—	1	1	—	1	1	1	—	—	1	—	1
With epilepsy — idiopathic	15	14	29	13	9	22	7	7	14	2	8	10	—	3	3	1	2	3	1	2	—	2	2	
With endocrine disorders	6	9	15	2	4	6	3	6	9	—	—	—	1	2	3	3	3	—	—	—	1	—	—	
With familial amaurosis	—	1	1	—	1	1	2	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	
With tuberculous sclerosis	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
With other organic nervous disease	3	1	4	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
Undifferentiated	243	241	484	157	145	302	144	116	260	78	76	154	57	65	122	38	8	46	17	5	22	28	4	32
Other forms	27	20	47	37	35	72	20	21	41	5	12	17	13	10	23	12	6	18	4	2	6	11	13	24
Total	574	653	1,227	411	471	882	326	321	647	134	178	312	104	138	242	73	38	111	33	17	50	45	30	75

TABLE 281. — Length of School Residence during THIS Admission, Patients Resident in State Schools on September 30, 1938, by Intelligence Quotient and Sex

INTELLIGENCE QUOTIENT	TOTAL		UNDER 3 MO.		3-5 MONTHS		6-8 MONTHS		9-11 MONTHS		1 YEAR		2 YEARS		3 YEARS		4 YEARS	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0-09	136	144	280	3	1	4	2	3	5	—	—	—	—	—	—	—	—	—
10-19	313	225	538	10	7	17	3	1	4	2	3	7	4	11	13	7	10	23
20-29	328	290	618	9	4	13	2	1	4	2	3	28	14	42	13	17	16	33
30-39	366	337	703	9	6	15	2	2	4	2	3	30	10	40	20	14	17	24
40-49	506	501	1,007	11	7	18	1	2	4	3	7	24	19	43	28	23	17	26
50-59	445	570	1,015	15	15	20	1	1	8	5	8	35	17	52	32	24	18	26
60-69	329	417	746	9	15	17	7	10	17	6	13	51	38	89	24	42	30	32
70-79	110	168	278	1	1	2	1	3	4	10	6	46	37	66	44	26	35	36
80-89	12	22	34	—	1	2	2	11	13	10	16	18	20	38	9	16	28	56
90 and over	2	4	6	—	—	—	2	2	4	1	5	2	2	4	2	9	11	22
Total	2,547	2,678	5,225	57	50	107	17	33	50	12	26	246	170	416	178	188	163	344

TABLE 281. — Length of School Residence during THIS Admission, Patients Resident in State Schools on September 30, 1938, by Intelligence Quotient and Sex — Concluded

INTELLIGENCE QUOTIENT	5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS		30-34 YEARS		35-39 YEARS		40 YEARS AND OVER									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
0-09	32	29	61	33	24	57	23	20	43	6	16	22	8	7	15	1	3	4	1	1	2	2	3	5
10-19	88	46	134	51	58	109	42	25	67	18	14	32	13	11	24	8	6	14	4	4	4	4	4	8
20-29	57	67	124	51	63	114	45	36	81	24	15	39	17	18	35	18	6	24	11	4	15	11	7	10
30-39	60	63	123	55	59	114	69	59	128	23	24	47	19	22	41	17	4	21	4	3	7	11	2	18
40-49	97	119	216	94	78	172	85	69	154	34	41	75	25	42	67	18	13	31	7	6	13	14	11	25
50-59	121	159	280	74	101	175	43	54	97	13	42	55	16	25	41	7	4	11	4	4	2	4	5	8
60-69	86	122	208	39	57	96	10	43	53	12	19	31	5	9	14	3	2	5	2	2	4	1	1	1
70-79	30	43	73	13	26	39	6	13	19	4	6	10	1	3	4	1	1	1	1	1	1	1	1	1
80-89	3	4	7	1	5	6	2	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
90 and over	—	1	1	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	574	653	1,227	411	471	882	326	321	647	134	178	312	104	138	242	73	38	111	33	17	50	45	30	75

TABLE 282. — Present Age of Patients Resident in State Schools on September 30, 1938, by Clinical Diagnoses and Sex

CLINICAL DIAGNOSES	TOTAL		UNDER 5 YRS.		5-9 YEARS		10-14 YEARS		15-19 YEARS		20-24 YEARS		25-29 YEARS								
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.							
	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.	T.							
Familial	602	945	1,547	4	—	4	31	33	64	142	89	231	169	170	339	87	193	280	74	139	213
Mongolism	158	134	292	12	5	17	35	29	64	33	33	66	35	31	66	22	12	34	15	11	26
With developmental cranial anomalies	81	64	145	2	8	10	12	14	26	17	20	37	17	5	22	10	5	15	6	2	8
With congenital cerebral spastic infantile paralysis	103	97	200	2	—	2	13	8	21	17	14	31	14	17	31	11	17	28	12	10	22
Post-infectious	129	117	246	2	—	2	5	10	15	30	17	47	30	24	54	15	11	26	15	14	29
Post-traumatic	59	50	109	2	—	2	7	4	11	7	11	18	19	9	28	6	6	12	9	6	15
Post-traumatic — natal	11	16	27	—	—	—	2	1	3	4	1	5	2	2	3	5	—	—	1	1	2
Post-traumatic — post-natal	5	16	21	—	—	—	1	1	2	9	6	15	8	8	16	3	1	7	5	4	4
With epilepsy — symptomatic	44	50	94	—	—	—	1	—	3	6	7	13	10	10	20	10	8	18	5	6	11
With epilepsy — idiopathic	31	38	69	—	—	—	1	2	3	6	7	13	1	1	2	4	5	9	2	3	5
With endocrine disorders	7	3	10	—	—	—	—	—	1	—	1	1	1	—	1	1	—	—	—	—	—
With familial amaurosis	3	3	6	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—
With tuberculous sclerosis	12	10	22	3	3	6	2	2	4	3	1	4	3	—	3	—	—	—	—	—	—
With other organic nervous disease	1,142	988	2,130	11	7	18	89	56	145	242	126	368	230	165	395	125	184	309	123	112	235
Undifferentiated	160	150	310	—	—	—	3	2	5	19	10	29	22	19	41	28	21	49	22	18	40
Other forms																					
Total	2,547	2,678	5,225	38	24	62	201	163	364	529	336	865	563	463	1,026	320	464	784	285	326	611

TABLE 282. — *Present Age of Patients Resident in State Schools on September 30, 1938, by Clinical Diagnoses and Sex* — Concluded

CLINICAL DIAGNOSES	30-34 YEARS			35-39 YEARS			40-44 YEARS			45-49 YEARS			50-54 YEARS			55-59 YEARS			60 YEARS AND OVER		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	45	115	160	26	80	106	9	66	75	4	27	31	4	22	26	5	6	11	2	5	7
Mongolism	3	4	7	—	5	5	—	1	1	1	1	2	3	2	1	3	—	—	—	—	—
With developmental cranial anomalies	7	4	11	7	1	8	2	2	2	4	2	3	6	2	1	1	—	—	—	—	—
With congenital cerebral spastic infantile paralysis	13	10	23	5	9	14	6	2	8	3	4	7	10	3	4	1	2	3	—	—	—
Post-infectious	13	10	23	6	10	16	8	6	14	2	2	8	10	1	5	6	1	2	1	1	2
Post-traumatic — natal	4	4	8	2	4	6	1	1	2	2	2	4	4	1	3	3	1	1	—	—	—
Post-traumatic — post-natal	1	3	4	—	1	1	—	—	—	1	1	2	3	—	2	2	—	1	—	—	2
With epilepsy — symptomatic	—	2	2	—	1	1	—	—	—	1	1	2	3	—	—	—	2	1	—	—	2
With epilepsy — idiopathic	4	4	8	2	5	7	3	5	8	3	4	7	4	—	—	—	1	2	1	1	2
With endocrine disorders	3	6	9	1	1	2	3	4	4	2	1	1	2	1	1	2	1	1	—	—	—
With familial amaurosis	2	—	2	2	1	3	1	—	1	1	—	—	2	1	1	—	—	—	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
With other organic nervous disease	—	—	—	—	2	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Undifferentiated	95	100	195	73	79	152	57	71	128	38	32	70	24	31	55	19	8	27	16	17	33
Other forms	14	11	25	11	16	27	11	13	24	11	16	27	9	8	17	5	8	13	5	8	13
Total	204	273	477	135	214	349	98	172	270	72	100	172	44	78	122	34	27	61	24	38	62

TABLE 283. — *Color in Cases Resident in State Schools on September 30, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK ¹			MULATTO ²			OTHERS ³		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	602	945	1,547	588	922	1,510	7	16	23	6	5	11	1	2	3
Mongolism	158	134	292	156	134	290	2	—	—	—	—	—	—	—	—
With developmental cranial anomalies	181	64	245	183	64	244	1	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralysis	103	97	200	101	96	197	2	1	3	—	—	—	—	—	—
Post-infectious	129	117	246	126	112	238	2	3	5	1	2	3	—	—	—
Post-traumatic — natal	59	50	109	57	50	107	2	2	2	—	—	—	—	—	—
Post-traumatic — post-natal	11	16	27	11	15	26	—	1	1	—	—	—	—	—	—
With epilepsy — symptomatic	5	16	21	5	16	21	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	44	50	94	43	49	92	1	1	2	—	—	—	—	—	—
With endocrine disorders	31	38	69	31	38	69	—	—	—	—	—	—	—	—	—
With familial amaurosis	7	3	10	7	3	10	—	—	—	—	—	—	—	—	—
With tuberculous sclerosis	3	—	3	3	—	3	—	—	—	—	—	—	—	—	—
With other organic nervous disease	12	10	22	11	9	20	—	—	—	—	—	—	—	—	—
Undifferentiated	1,142	988	2,130	1,104	959	2,063	26	13	39	11	15	26	1	1	2
Other forms	160	150	310	157	149	306	2	1	3	—	—	—	—	—	—
Total	2,547	2,678	5,225	2,480	2,616	5,096	46	37	83	19	22	41	2	3	5

NOTE: — There were no cases recorded under "Yellow."

¹Includes part black or mulatto (African).²Includes Portuguese brava and all others.

TABLE 284. — *Color in Cases Out (Visit, Parole, etc.) of State Schools on September 30, 1938, by Clinical Diagnoses and Sex*

CLINICAL DIAGNOSES	TOTAL			WHITE			BLACK ¹			MULATTO ²			OTHERS ³		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	62	130	192	59	126	185	—	—	—	2	4	6	1	—	1
Mongolism	2	2	4	2	2	4	—	—	—	—	—	—	—	—	—
With developmental cranial anomalies	2	4	6	2	4	6	—	—	—	—	—	—	—	—	—
With congenital cerebral spastic infantile paralyses	6	1	7	6	1	7	—	—	—	—	—	—	—	—	—
Post-infectious	5	15	20	5	14	19	—	—	—	—	1	1	—	—	—
Post-traumatic	1	2	3	1	2	3	—	—	—	—	—	—	—	—	—
Post-traumatic — natal	1	2	3	1	1	2	—	—	—	—	—	—	—	—	—
Post-traumatic — post-natal	2	1	3	2	1	3	—	—	—	—	—	—	—	—	—
With epilepsy — idiopathic	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
With endocrine disorders	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—
With other organic nervous disease	1	1	2	1	1	2	—	—	—	—	—	—	—	—	—
Undifferentiated	99	121	220	95	118	213	3	1	4	1	2	3	—	—	—
Other forms	5	7	12	5	6	11	—	—	—	—	1	1	—	—	—
Total	190	287	477	183	277	460	3	2	5	3	8	11	1	—	1

NOTE: — There were no cases recorded under "Yellow."

¹Includes African black.²Includes part black or mulatto (African).³Includes Portuguese brava and all others.

TABLE 285. — *Clinical Diagnoses of Admissions, Discharges and Deaths during 1938, Resident Population and Patients Out of State Schools on September 30, 1938, by Sex*

CLINICAL DIAGNOSES	ADMISSIONS ¹			DISCHARGES ¹			DEATHS			CASES IN RESIDENCE			CASES OUT		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Familial	24	40	64	42	47	89	9	4	13	602	945	1,547	62	130	192
Mongolism	15	11	26	4	2	6	9	9	18	138	134	292	2	2	4
With developmental cranial anomalies	3	10	13	1	—	1	1	3	4	81	64	145	2	4	6
With congenital cerebral spastic infantile paralyses	6	6	12	6	2	8	2	1	3	103	97	200	6	1	7
Post-infectious	3	4	7	7	7	14	2	—	2	129	117	246	5	15	20
Post-traumatic — natal	1	2	3	3	1	4	1	1	2	59	50	109	5	2	7
Post-traumatic — post-natal	—	—	—	—	—	—	1	1	1	11	16	27	1	2	3
With epilepsy — symptomatic	1	—	1	2	2	4	—	1	1	15	16	31	—	—	—
With epilepsy — idiopathic	—	1	1	2	6	8	—	3	3	44	50	94	2	1	3
With endocrine disorders	2	1	3	3	1	4	1	1	2	31	38	69	—	—	—
With familial amaurosis	—	—	—	—	—	—	—	—	—	7	3	10	—	—	—
With tuberculous sclerosis	—	—	—	—	—	—	—	—	—	3	—	3	—	—	—
With other organic nervous disease	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
Undifferentiated	77	66	143	61	52	113	11	2	13	1,142	988	2,130	99	121	220
Other forms	1	3	4	5	9	14	1	1	2	160	150	310	5	7	12
Total	134	146	280	136	127	263	38	26	64	2,547	2,678	5,225	190	287	477

¹Transfers not included.

7. Discharge Rates per 1,000 under Care	71	54	62	28	34	31	65	30	51	114	64	82	58	56	57	-	101	84	-	23	17	-	-	-
8. Death Rates per 1,000 under Treatment	2	2	2	-	-	-	3	-	2	4	6	6	-	-	-	-	-	-	-	-	-	-	-	-
Not Mentally Defective:																								
1. Resident Population	56	42	105	4	1	5	42	19	59	5	15	20	4	9	13	-	2	2	4	1	2	3	-	1
2. Patients Out	3	26	29	-	-	-	-	4	4	1	10	11	2	8	10	-	-	4	4	-	-	-	-	1
3. Discharges	9	18	27	-	-	-	1	4	5	7	6	13	1	7	8	-	-	1	1	-	-	-	-	-
4. Deaths	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Total under Care	68	93	161	4	1	5	41	27	68	13	31	44	7	24	31	-	2	7	9	1	2	3	-	1
6. Total under Treatment	65	67	132	4	1	5	41	23	64	12	21	33	5	16	21	-	2	3	5	1	2	3	-	1
7. Discharge Rates per 1,000 under Care	132	193	167	-	-	-	24	148	73	538	193	295	142	291	258	-	-	142	111	-	-	-	-	-
8. Death Rates per 1,000 under Treatment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total:																								
1. Resident Population	2,547	2,678	5,225	239	187	426	1,092	799	1,891	605	790	1,395	339	487	826	170	272	442	78	105	183	24	38	62
2. Patients Out	190	287	477	7	1	8	58	24	82	84	114	198	31	85	116	6	43	49	2	17	19	2	3	5
3. Discharges	136	127	263	8	5	13	62	24	86	55	49	104	11	26	37	-	19	19	-	3	3	-	1	1
4. Deaths	38	26	64	7	12	19	13	6	19	11	4	15	4	2	6	1	2	3	1	-	1	1	-	1
5. Total under Care	2,911	3,118	6,029	261	205	466	1,225	853	2,078	755	937	1,712	385	600	985	177	336	513	81	125	206	27	42	69
6. Total under Treatment	2,721	2,831	5,552	254	204	438	1,167	829	1,996	671	843	1,514	354	515	869	171	293	464	79	108	187	25	39	64
7. Discharge Rates per 1,000 under Care	46	40	43	30	24	27	50	28	41	72	51	60	28	43	37	-	56	37	-	24	14	-	23	14
8. Death Rates per 1,000 under Treatment	13	9	11	27	58	41	11	7	9	16	4	9	11	3	6	5	6	6	12	-	5	40	-	15

Note: — Total under Care includes resident population, patients out, discharges and deaths.
Total under Treatment includes resident population, discharges and deaths.

TABLE 287. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools on September 30, 1938, by Sex*

COUNTY AND CITY OR TOWN	ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
<i>Barnstable</i>						
Barnstable	—	—	—	8	4	12
Bourne	—	—	—	3	2	5
Chatham	—	—	—	—	2	2
Dennis	—	—	—	1	3	4
Eastham	—	—	—	1	1	2
Falmouth	—	—	—	2	6	8
Harwich	—	—	—	2	3	5
Orleans	—	—	—	1	1	2
Provincetown	—	—	—	2	4	6
Sandwich	—	—	—	—	7	7
Wellfleet	—	—	—	1	1	2
Yarmouth	—	1	1	1	1	2
Total	—	1	1	22	35	57
<i>Berkshire</i>						
Adams	1	—	1	10	8	18
Alford	—	—	—	—	1	1
Becket	—	—	1	2	1	3
Cheshire	1	—	—	1	2	3
Dalton	—	—	—	3	3	6
Egremont	—	—	—	—	1	1
Great Barrington	—	—	—	1	5	6
Hinsdale	—	—	—	1	1	2
Lanesborough	—	—	—	—	2	2
Lee	—	1	1	3	10	13
Lenox	—	—	—	1	1	2
North Adams	3	1	4	13	14	27
Otis	—	—	—	—	1	1
Peru	—	—	—	1	—	1
Pittsfield	1	7	8	23	27	50
Sheffield	—	—	—	1	7	8
Stockbridge	1	—	1	1	1	2
Washington	—	—	—	1	—	1
West Stockbridge	—	1	1	—	1	1
Williamstown	—	—	—	—	2	2
Total	7	10	17	62	88	150
<i>Bristol</i>						
Acushnet	—	—	—	6	4	10
Attleboro	—	—	—	16	7	23
Berkley	—	—	—	1	2	3
Dartmouth	—	—	—	1	1	2
Dighton	—	—	—	3	1	4
Easton	—	—	—	5	3	8
Fairhaven	—	1	1	7	6	13
Fall River	6	4	10	61	61	122
Freetown	—	—	—	4	—	4
Mansfield	—	—	—	4	3	7
New Bedford	5	3	8	47	71	118
North Attleborough	1	—	1	11	3	14
Norton	—	—	—	6	1	7
Raynham	—	—	—	1	3	4
Rehoboth	—	—	—	2	5	7
Seekonk	—	—	—	1	1	2
Somerset	—	—	—	—	1	1
Swansea	—	—	—	1	—	1
Taunton	1	1	2	19	18	37
Westport	—	—	—	—	3	3
Total	13	9	22	196	194	390
<i>Dukes</i>						
Oak Bluffs	—	—	—	1	—	1
Tisbury	2	—	2	—	1	1
Total	2	—	2	1	1	2

TABLE 287. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools on September 30, 1938, by Sex* — Continued

COUNTY AND CITY OR TOWN	ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
<i>Essex</i>						
Amesbury	—	—	—	10	6	16
Andover	—	—	—	5	6	11
Beverly	—	—	—	9	8	17
Boxford	—	—	—	—	2	2
Danvers	—	—	—	5	7	12
Essex	—	—	—	1	1	2
Georgetown	—	—	—	—	1	1
Gloucester	—	—	—	16	14	30
Groveland	—	—	—	1	1	2
Hamilton	—	—	—	—	1	1
Haverhill	—	3	3	30	38	68
Ipswich	1	1	2	5	3	8
Lawrence	3	1	4	37	39	76
Lynn	1	4	5	38	45	83
Lynnfield	—	—	—	2	1	3
Manchester	—	—	—	1	1	2
Marblehead	1	1	2	5	5	10
Merrimac	—	—	—	1	2	3
Methuen	—	1	1	10	10	20
Middleton	—	—	—	2	—	2
Nahant	—	—	—	2	1	3
Newbury	—	—	—	1	1	2
Newburyport	—	—	—	10	8	18
North Andover	—	—	—	—	4	4
Peabody	—	—	—	19	7	26
Rockport	1	—	1	5	1	6
Rowley	—	—	—	1	1	2
Salem	1	1	2	23	14	37
Salisbury	—	—	—	1	1	2
Saugus	1	2	3	14	15	29
Swampscott	1	—	1	3	2	5
Topsfield	—	—	—	2	1	3
Wenham	—	—	—	1	—	1
Total	10	14	24	260	247	507
<i>Franklin</i>						
Ashfield	—	—	—	2	—	2
Barnardston	—	—	—	2	4	6
Buckland	—	—	—	3	1	4
Charlemont	—	—	—	—	2	2
Colrain	—	—	—	2	—	2
Conway	—	1	1	—	3	3
Deerfield	—	—	—	3	2	5
Erving	—	—	—	—	2	2
Gill	—	—	—	—	3	3
Greenfield	1	1	2	15	10	25
Heath	—	—	—	—	1	1
Leverett	—	—	—	2	3	5
Montague	1	1	2	7	11	18
New Salem	—	—	—	—	2	2
Northfield	2	—	2	8	2	10
Orange	—	—	—	4	5	9
Rowe	—	—	—	1	1	2
Shelbourne	—	—	—	—	4	4
Shutesbury	—	—	—	1	—	1
Sunderland	—	1	1	1	2	3
Warwick	—	—	—	—	1	1
Wendell	—	—	—	—	1	1
Whately	—	—	—	1	2	3
Total	4	4	8	52	62	114
<i>Hampden</i>						
Agawam	—	—	—	4	2	6
Brimfield	—	—	—	2	—	2
Chester	—	—	—	4	—	4
Chicopee	2	4	6	23	19	42
East Longmeadow	—	—	—	—	2	2
Granville	1	—	1	1	—	1
Hampden	—	—	—	1	—	1
Holyoke	4	2	6	44	44	88
Ludlow	—	1	1	3	7	10
Monson	—	—	—	3	4	7
Montgomery	—	—	—	5	8	13
Palmer	—	1	1	4	5	9
Russell	—	—	—	3	3	6
Southwick	—	—	—	3	1	4
Springfield	5	7	12	95	90	185

TABLE 287. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools on September 30, 1938, by Sex* — Continued

COUNTY AND CITY OR TOWN	ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
Wales	—	—	—	2	2	4
Westfield	1	—	1	24	14	38
West Springfield	2	1	3	11	7	18
Wilbraham	—	—	—	2	3	5
Total	15	16	31	234	211	445
<i>Hampshire</i>						
Amherst	—	—	—	5	6	11
Belchertown	1	1	2	2	18	20
Chesterfield	1	—	1	1	—	1
Cummington	—	—	—	—	2	2
Easthampton	1	—	1	4	12	16
Englefield	—	1	1	1	2	3
Goshen	—	1	1	—	2	2
Granby	—	—	—	1	1	2
Greenwich	—	—	—	1	—	1
Hadley	1	—	1	2	2	4
Hatfield	—	—	—	1	1	2
Huntington	—	—	—	3	5	8
Middlefield	—	—	—	1	1	2
Northampton	3	—	3	11	13	24
Pelham	—	—	—	1	—	1
Plainfield	—	—	—	2	1	3
Prescott	—	—	—	—	1	1
South Hadley	—	—	—	6	6	12
Ware	1	—	1	5	2	7
Westhampton	—	—	—	—	1	1
Williamsburg	—	—	—	—	8	8
Worthington	—	—	—	—	2	2
Total	8	3	11	47	86	133
<i>Middlesex</i>						
Acton	1	—	1	2	1	3
Arlington	1	—	1	18	8	26
Ashby	—	—	—	—	1	1
Ashland	—	—	—	5	1	6
Ayer	—	—	—	1	1	2
Bedford	—	—	—	1	2	3
Belmont	1	1	2	9	8	17
Billerica	—	—	—	5	—	5
Boxborough	—	—	—	3	—	3
Cambridge	2	3	5	65	124	189
Carlisle	—	—	—	2	—	2
Chelmsford	—	—	—	5	3	8
Concord	—	—	—	6	2	8
Dracut	1	—	1	4	3	7
Dunstable	—	—	—	1	—	1
Everett	—	—	—	24	28	52
Framingham	—	1	1	7	22	29
Groton	—	—	—	1	1	2
Holliston	—	—	—	4	2	6
Hopkinton	—	—	—	—	3	3
Hudson	—	1	1	6	6	12
Lexington	—	1	1	1	3	4
Lincoln	—	—	—	1	—	1
Littleton	—	—	—	3	—	3
Lowell	2	—	2	62	56	118
Malden	1	1	2	27	27	54
Marlborough	1	1	2	14	6	20
Maynard	—	—	—	2	3	5
Medford	—	1	1	17	27	44
Melrose	—	—	—	6	8	14
Natick	—	—	—	7	3	10
Newton	3	2	5	32	28	60
North Reading	1	—	1	2	—	2
Pepprell	—	—	—	3	2	5
Reading	—	—	—	9	18	27
Sherborn	—	—	—	—	1	1
Shirley	—	—	—	6	3	9
Somerville	1	3	4	64	44	108
Stoneham	—	—	—	5	7	12
Sudbury	—	—	—	—	2	2
Tewksbury	—	2	2	27	31	58
Townsend	—	1	1	2	2	4
Wakefield	1	—	1	10	6	16
Waltham	2	1	3	55	20	75
Watertown	2	1	3	7	12	19
Wayland	—	—	—	—	2	2

TABLE 287. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools on September 30, 1938, by Sex* — Continued

COUNTY AND CITY OR TOWN	ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
Westford	—	—	—	3	3	6
Wilmington	—	—	—	3	2	5
Winchester	1	—	1	7	3	10
Woburn	1	—	1	17	12	29
Total	22	20	42	561	547	1,108
Nantucket	—	1	1	—	2	2
Total	—	1	1	—	2	2
Bellingham	—	—	—	—	3	3
Braintree	1	—	1	9	7	16
Brookline	—	—	—	9	8	17
Canton	—	—	—	7	4	11
Cohasset	—	—	—	3	2	5
Dedham	2	—	2	11	8	19
Dover	—	—	—	1	—	1
Foxborough	1	—	1	1	3	4
Franklin	—	—	—	5	10	15
Holbrook	—	—	—	2	2	4
Medfield	—	—	—	—	3	3
Medway	—	—	—	2	4	6
Millis	—	—	—	—	1	1
Milton	—	—	—	8	5	13
Needham	—	—	—	5	2	7
Norfolk	—	—	—	1	—	1
Norwood	1	—	1	8	6	14
Plainville	1	—	1	3	—	3
Quincy	1	7	8	35	28	63
Randolph	—	1	1	3	1	4
Sharon	—	—	—	3	7	10
Stoughton	1	1	2	10	9	19
Walpole	—	—	—	4	7	11
Wellesley	—	—	—	5	25	30
Westwood	—	—	—	1	5	6
Weymouth	—	—	—	8	7	15
Wrentham	—	—	—	2	2	4
Total	8	9	17	146	159	305
Abington	—	—	—	3	7	10
Bridgewater	—	—	—	2	5	7
Brockton	4	—	4	28	33	61
Carver	—	—	—	—	1	1
Duxbury	—	—	—	1	1	2
East Bridgewater	—	—	—	—	3	3
Halifax	—	—	—	—	2	2
Hanover	—	—	—	—	3	3
Hanson	—	—	—	1	1	2
Hingham	1	—	1	2	3	5
Hull	—	1	1	1	1	2
Kingston	1	—	1	3	1	4
Marion	—	—	—	—	2	2
Mattapoisett	—	—	—	—	2	2
Midlandborough	—	—	—	3	5	8
Norwell	—	—	—	1	—	1
Pembroke	—	—	—	1	—	1
Plymouth	3	1	4	7	9	16
Plympton	—	—	—	1	1	2
Rockland	—	—	—	3	4	7
Scituate	—	—	—	3	2	5
Wareham	—	—	—	1	5	6
West Bridgewater	—	—	—	—	1	1
Whitman	—	—	—	4	5	9
Total	9	2	11	65	97	162
Boston	16	33	49	532	564	1,096
Chelsea	—	—	—	24	19	43
Revere	—	1	1	22	16	38
Winthrop	—	—	—	6	16	22
Total	16	34	50	584	615	1,199

TABLE 287. — *City or Town and County of Residence of Patients Admitted and Patients Resident in State Schools on September 30, 1938, by Sex — Concluded*

COUNTY AND CITY OR TOWN	ADMISSIONS			RESIDENT POPULATION		
	M.	F.	T.	M.	F.	T.
<i>Worcester</i>						
Ashburnham	1	—	1	4	3	7
Athol	1	—	1	11	20	31
Auburn	—	—	—	—	2	2
Barre	—	—	—	1	—	1
Blackstone	—	—	—	—	2	2
Bolton	—	—	—	1	—	1
Boylston	—	—	—	1	1	2
Brookfield	—	—	—	3	2	5
Charlton	—	—	—	3	3	6
Clinton	1	—	1	1	2	3
Dana	—	—	—	1	—	1
Douglas	—	—	—	—	3	3
Dudley	—	—	—	2	2	4
East Brookfield	—	—	—	—	1	1
Fitchburg	2	2	4	24	23	47
Gardner	—	1	1	10	13	23
Grafton	—	—	—	2	—	2
Hardwick	—	—	—	3	1	4
Harvard	—	—	—	1	1	2
Holden	—	—	—	5	2	7
Hopedale	—	—	—	2	—	2
Hubbardston	—	—	—	2	—	2
Lancaster	1	—	1	2	3	5
Leicester	—	—	—	6	2	8
Leominster	2	1	3	11	11	22
Lunenburg	—	—	—	3	2	5
Mendon	—	1	1	—	1	1
Millford	3	1	4	15	12	27
Millbury	1	—	1	3	3	6
Millville	—	—	—	3	—	3
Northborough	—	—	—	2	6	8
Northbridge	2	—	2	5	4	9
North Brookfield	—	—	—	5	3	8
Oxford	—	—	—	2	—	2
Petersham	—	—	—	2	1	3
Phillipston	—	—	—	1	2	3
Rutland	—	—	—	1	1	2
Shrewsbury	—	—	—	2	2	4
Southborough	—	—	—	1	1	2
Southbridge	—	3	3	13	14	27
Spencer	2	2	4	3	5	8
Sterling	—	—	—	2	1	3
Sturbridge	—	—	—	6	2	8
Sutton	—	—	—	2	2	4
Templeton	—	1	1	4	5	9
Upton	—	—	—	3	5	8
Uxbridge	—	—	—	3	3	6
Warren	—	—	—	2	4	6
Webster	1	—	1	8	14	22
Westborough	—	—	—	7	2	9
West Boylston	—	—	—	2	1	3
West Brookfield	—	1	1	1	2	3
Westminster	—	—	—	—	2	2
Winchendon	1	—	1	6	7	13
Worcester	2	10	12	105	122	227
Total	20	23	43	308	326	634
Non-Residents	—	—	—	9	8	17
Grand Total	134	146	280	2,547	2,678	5,225

DIRECTORY OF INSTITUTIONS

November 30, 1938

1. Public Institutions:
 - (a) State Hospitals for Mental Disorders.
 - (b) State Schools for Mental Defectives.
2. Private Institutions:
 - (a) For Mental and Nervous Disorders.
 - (b) For Person Addicted to the Intemperate Use of Narcotics or Stimulants.
 - (c) For Mental Defectives.
 - (d) For Epileptics.

PUBLIC INSTITUTIONS

STATE HOSPITALS FOR MENTAL DISORDERS

BOSTON PSYCHOPATHIC HOSPITAL (opened 1912 as a Department of the Boston State Hospital. Became a separate hospital December 1, 1920): —

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Trustees' meetings: Second Thursday of each month.

Medical Director: C. Macfie Campbell, M.D.

Chief Executive Officer: Riley H. Guthrie, M.D.

Chief Medical Officer: Gaylord P. Coon, M.D.

Senior Physicians: John P. Powers, M.D.; Harry C. Solomon, M.D.; Oscar J. Raeder, M.D.; Frank C. d'Elseaux, M.D.; Whitman K. Coffin, M.D.; Charles M. Krinsky, M.D.; Robert A. Clark, M.D.

Assistant Physicians: Mary Palmer, M.D.; Irma Bache, M.D.; H. Jackson DeShon, M.D.; Jane F. O'Neil, M.D.; Arthur L. Watkins, M.D.; Howard E. Weatherly, M.D.; Robert L. Garrard, M.D.

Internes: Sarah E. Youngman, M.D.; Ellsworth H. Trowbridge, M.D.

Dentist: Peter J. Dalton, D.M.D.

Head Social Worker: Esther C. Cook, B.A.

Head Occupational Therapist: Alice E. Waite.

Principal of School of Nursing: Mary E. Fitzgerald, R.N.

Treasurer: Anna F. Caulfield.

Staff meetings: Every day, except Saturdays, Sundays and Holidays, 12 to 1 P.M.

Visiting Days: Every day, 2 to 4 P.M. and 6 to 7 P.M.

Location: 74 Fenwood Road, near corner of Brookline Avenue.

BOSTON STATE HOSPITAL (opened 1839): —

Trustees: Thomas J. Scanlan, M.D., Boston, Chairman; Mrs. Gertrude A. Macdonnell, Boston, Secretary; Josephine E. Thurlow, R.N., Winchester; Alexander M. Sullivan, Boston; Jeremiah A. Greene, M.D., Cambridge; Harry B. Berman, Brookline; Thomas D. Russo, Boston.

Regular meetings: Third Wednesday of each month.

Superintendent: Harold F. Norton, M.D.

Assistant Superintendent: Purcell G. Schube, M.D.

Director of Clinical Psychiatry: John J. Slattery, M.D.

Senior Physicians: Norris B. Flannagan, M.D.; Theodore F. Lindberg, M.D.; Israel P. Rubin, M.D.; Margaret R. Simpson, M.D.; Dorothy E. Donley, M.D.; Joseph P. Thornton, M.D.; Daniel J. Sullivan, M.D.

Assistant Physicians: N. Anthony Bicchieri, M.D.; Louis S. Chase, M.D.; Charles S. Mullin, Jr., M.D.; John Ficichy, Jr., M.D. (Temp.); Owen C. Mullaney, M.D. (L.O.A.); John F. Sullivan, M.D.; Peter P. Gudas, M.D.

Pathologist: Naomi Raskin, M.D.

Dentist: Kaen Noonan, D.M.D.

Steward: Charles A. Perry.

Treasurer: Rose J. Siciliano.

Visiting days: 2 to 4 P.M. daily.

Staffs meetings are held four times a week.

Location: Administration Building, 591 Morton Street, corner Harvard Street, Dorchester; East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Groups, Walk Hill Street, Mattapan; Post Office, Dorchester Centre.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post Office, State Farm. Railroad Station, South Bridgewater (New York, New Haven and Hartford).

Supervision of Department of Correction: Arthur T. Lyman, Commissioner.

Medical Director: William T. Hanson, M.D.

First Assistant: George H. Maxfield, M.D.

Assistant Physicians: Abraham L. Schwartz, M.D.; Charles H. MacLaughlin, M.D.

Visiting days: For relatives or friends of patients, every day; for general public, every day with the exception of Sundays and holidays.

Staff meetings: Two or three times a week at 9:30 A.M.

Location: One-quarter mile from railroad.

DANVERS STATE HOSPITAL (opened 1878): —

Post Office, Hathorne; railroad station, Danvers (Boston & Maine).

Trustees: S. Herbert Wilkins, Chairman, Salem; James F. Ingraham, Peabody;

Arthur C. Nason, M.D., Newburyport; H. C. McStay, Swampscott; Francis T.

Russell, Dorchester; Annie T. Flagg, Andover; Mary T. O'Sullivan, Lowell.

Regular meetings: Third Thursday of each month.

Superintendent: Clarence A. Bonner, M.D.

Assistant Superintendent: vacancy.

Clinical Director: Wm. Charles Inman, M.D.

Senior Physicians: Leo Maletz, M.D.; Melvin Goodman, M.D.; Doris M. Sidewell, M.D.

Assistant Physicians: Velma H. Atkinson, M.D.; Flora M. Remillard, M.D.;

Peter B. Hagopian, M.D.; Samuel Marder, M.D.; Abraham Gardner, M.D.

Pathologist: Salvador Jacobs, M.D.

Resident Dentist: George W. Wheeler, D.M.D.

Treasurer: Miss Hulda Aronson.

Steward: Adam D. Smith.

Visiting days: Every day.

Staff meetings: Daily, except Sundays and holidays, at 8:00 A.M.

Location: Maple and Newbury Streets, Danvers, two and one-half miles from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893. Devoted exclusively to the care of the insane since June 1, 1914): —

Trustees: E. H. Lewis Harnett, M.D., Dorchester, Chairman; Helen J. Fay, West-

wood, Secretary; Bennet B. Bristol, Foxborough; William H. Bannon, Fox-

borough; William J. Bulman, Brockton; Jeannette C. Chisholm, Waltham; Noel

C. King, Holbrook.

Regular meetings: Second Wednesday of each month.

Superintendent: Roderick B. Dexter, M.D.

Assistant Superintendent: vacancy.

Senior Physicians: David Rothschild, M.D.; Grosvenor B. Pearson, M.D.; Morris

L. Sharp, M.D.; Mary Hammond, M.D.

Assistant Physicians: Agnes Aznive Nersessian, M.D.; Israel Zeltzman, M.D.; vacancy.

Dentist: Edward E. Small, D.M.D.

Treasurer: Harriett S. Bayley.

Steward: Chester R. Harper.

Visiting days: Every day from 9 to 11 A.M. and 2 to 4 P.M.

Staff meetings: Daily, except Sundays and holidays, at 8:30 A.M.

Location: One mile north of Foxborough Center.

GARDNER STATE HOSPITAL (opened 1902): —

Post Office, East Gardner, Mass.; railroad station, East Gardner, Mass.

Trustees: Owen A. Hoban, Gardner, Chairman; Mrs. Margaret X. O'Brien, Worcester; Secretary; John C. Hughes, M.D., Gardner; George A. Marshall, Fitchburg; Miss Margaret E. Hayden, Athol; Edward P. Gilgun, Woburn; Frank W. Lyman, Fitchburg.

Regular meetings: First Friday occurring on or after the fourth day of each month.
Superintendent: Charles E. Thompson, M.D.

Assistant Superintendent: Frederick P. Moore, M.D.

Senior Physicians: Harold K. Marshall, M.D.; William A. Hunter, M.D.

Assistant Physicians: Paul H. Wilcox, M.D.; Janet S. Barnes, M.D.; Edwin J. Palmer, M.D.; Solomon M. Haimes, M.D.

Dentist: Joseph N. Carriere, D.M.D.

Treasurer: Gertrude W. Perry.

Steward: Myron L. Marr.

Visiting days: Every day at any hour, including Sundays and holidays.

Staff meetings: Daily 8-9 A.M.

Location: East Gardner, two minutes' walk from East Gardner Railroad Station.
Off route 2 at Westminster and three miles from Gardner.

GRAFTON STATE HOSPITAL, formerly Worcester State Asylum (opened 1877): —

Trustees: Ernest L. Anderson, Worcester, Chairman; Martha Ducey, Shrewsbury, Secretary; Winslow P. Burhoe, Reading; Frank J. Ludy, North Grafton; Charles D. Bourcier, Grafton; Rose Herbert, Worcester; Leon Cangiano, Hingham.

Superintendent: Harlan L. Paine, M.D.

Assistant Superintendent: W. Everett Glass, M.D.

Senior Physicians: H. Wilbur Smith, M.D.; James L. McAuslan, M.D.; Benjamin Cohen, M.D.

Assistant Physicians: Mary Johnson, M.D.; Anna C. Wellington, M.D.; Richard W. Nelson, M.D.; Nathaniel Showstack, M.D.

Treasurer: Susie G. Warren.

Steward: Roy S. Shipman.

Dentist: Edward I. Naiman, D.M.D.

Visiting days: Every day.

Visiting hours: 9:30 to 11:00 A.M.; 1:00 to 4:00 P.M.

Location: The hospital is situated on the main line of the Boston and Albany Railroad, between Worcester and Westborough, station, North Grafton. It is about 8 miles from Worcester, and can be reached by bus from there or from the Westborough or North Grafton Stations of the Boston and Albany Railroad.

Correspondence relating to patients at the Grafton State Hospital should be addressed to the Superintendent, Grafton State Hospital, North Grafton, Mass.

MEDFIELD STATE HOSPITAL (opened 1895): —

Post Office, Harding: railroad station, Medfield Junction (New York, New Haven & Hartford Railroad), for freight and express only; no passenger service. Passengers reach hospital by bus from Park Square and Forest Hills to Medfield.

Trustees: George O. Clark, M.D., Boston, Chairman; Mrs. Eva Watson, Boston, Secretary; Eugene M. Carman, Somerville; Danforth Comins, Concord; Mrs. Louise Williams, Taunton; M. James Shaughnessy, M.D., Framingham; John H. Craig, Natick.

Regular meetings: Second Friday of each month.

Superintendent: Earl K. Holt, M.D.

Assistant Superintendent: vacancy.

Senior Physicians: Vicente A. Navarro, M.D.; Grace T. Cragg, M.D.

Assistant Physicians: Edmund M. Pease, M.D.; Morris Zeltzman, M.D.; Henry Benjamin, M.D.

Dentist: Elton V. Faass, D.M.D.

Treasurer: Miss Josephine M. Baker.

Steward: Pascal A. Cantoreggi.

Visiting days: Every day.

Staff meetings: Daily, except Sundays and holidays, at 8:30 A.M.

Location: Two miles north of Medfield Center on Route 27.

METROPOLITAN STATE HOSPITAL (opened October 29, 1930): —

Post Office: Waltham, Massachusetts.

Railroad Station: Waverley, Massachusetts.

Trustees: Reverend John R. McCool, Peabody, Chairman; Miss Anna M. Manion, Waltham, Secretary; Erwin C. Miller, M.D., Worcester; Mrs. Helen Russell, Cambridge; Richard J. Dunn, Esq., Newton; Gilbert Horrax, M.D., Brookline; Miriam C. Regan, Esq., Roxbury.

Regular meetings: Third Thursday of each month.

Superintendent: Roy D. Halloran, M.D.

Assistant Superintendent: Salomon Gagnon, M.D.

Senior Physicians: William Corwin, M.D.; Elvin V. Semrad, M.D.

Pathologist: Richard C. Wadsworth, M.D.

Assistant Physicians: Clementine McKeon, M.D.; Emerick Friedman, M.D.; Richard C. Cooke, M.D.

Resident Dentist: John M. O'Connor, D.M.D.

Treasurer: Cora E. Norris.

Steward: Howard R. Carley.

Visiting days: Every day.

Staff meetings: Daily.

Location: On Trapelo Road, Waltham, about two miles from Waverley Square (Fitchburg Division and South Division, Boston and Maine or Boston Elevated from Harvard Square). Bus service from Waverley Square to Hospital.

MONSON STATE HOSPITAL (opened 1898): —

Post Office and railroad station, Palmer (Boston & Albany).

Trustees: George A. Morre, M.D., Palmer, Chairman; Mrs. Gertrude E. Quinn, Springfield, Secretary; Mrs. Mary B. Townsley, Springfield; George D. Storrs, Ware; Joseph L. Simon, Salem; Justus G. Hanson, M.D., Northampton; C. I. Hosmer, Greenfield.

Regular meetings: First Thursday of each month.

Superintendent: Morgan B. Hodskins, M.D.

Assistant Superintendent: H. Sinclair Tait, M.D.

Senior Physicians: Donald J. MacLean, M.D.; Rudolf Osgood, M.D.; Florence A. Beaulieu, M.D.

Assistant Physicians: Lucie G. Forrer, M.D.; Leon J. Robinson, M.D.

Dentist: Arthur R. Adam, D.M.D.

Treasurer: Alice C. Haymann.

Steward: William H. Daly, Jr.

Visiting days: Every day.

Staff meetings: Every day, except Sundays and holidays, at 8:30 A.M.

Location: One mile from railroad station.

NORTHAMPTON STATE HOSPITAL (opened 1858): —

Trustees: Albert M. Darling, Sunderland; J. C. O'Brien, M.D., Greenfield, Chairman; Mrs. Emily Newton, Wellesley Hills, Secretary; Mrs. Jessie Bassett, Northampton; Mrs. Anne O'Keefe Heffernan, Northampton; Samuel Michelman, Northampton; James Benson, Springfield.

Regular meetings: Second Thursday of each month.

Superintendent: Arthur N. Ball, M.D.

Assistant Superintendent: Guy C. Randall, M.D.

Senior Physicians: B. Edwin Zawacki, M.D.; Elizabeth Kundert, M.D.; Fernand Longpre, M.D.; Lee W. Darrah, M.D.

Assistant Physicians: E. Philip Freedman, M.D.; Helen M. Wiestling, M.D.; Harry Michelson, M.D.; Phillip Shapiro, M.D.

Pathologist: Ruth Parker, M.D.

Dentist: Lucien H. Harris, D.D.S.

Treasurer: Eva L. Graves.

Steward: Frank W. Smith.

Visiting days: Tuesdays, Fridays and Saturdays on which days members of the medical staff are in attendance to consult with visitors; but if impossible to come on those days, visitors may come on any day.

Staff meetings: Every day except Saturdays, Sundays and holidays at 8:30 A.M.
 Location: Prince Street, Northampton, one and one-half miles from the railroad station. (Boston & Maine and New York, New Haven & Hartford railroads).
 Taxi-cab service from the station, bus service from Springfield and Holyoke.

TAUNTON STATE HOSPITAL (opened 1854): —

Trustees: Charles C. Cain, Jr., Attleboro, Chairman; Mrs. Elizabeth C. M. Gifford, Boston, Secretary; Mrs. Mary B. Besse, Wareham; Irving Linley, Attleboro; Gerald O'Sullivan, M.D., Fall River; Lawrence Quinn, M.D., New Bedford; Samuel Stone, Attleboro.

Regular Meeting: Second Thursday of each month.

Superintendent: Ralph M. Chambers, M.D.

Assistant Superintendent: Roger G. Osterheld, M.D.

Director of Clinical Psychiatry: vacancy.

Senior Physicians: Wilfred Seguin, M.D., Olga E. Steinecke, M.D., Abraham M. Stiffle, M.D.

Assistant Physicians: William P. Finnegan, M.D.; Grace E. Gillis, M.D.; Henry L. Hartman, M.D.; Jack G. Oatman, M.D.; Clair G. Prindle, M.D.

Dentist: Wilfred R. Wilson, D.M.D.

Treasurer: Yvonne B. Patenaude.

Steward: Frederick H. Bradford.

Visiting days: Every day.

Staff meetings: Daily, 8:15 A.M. and 1:00 P.M.

Location: Hodges Avenue, one mile from railroad station (New York, New Haven & Hartford).

MENTAL WARDS, STATE INFIRMARY (opened 1866): —

Post Office, Tewksbury; railroad station, Lowell.

Trustees: David J. McCarthy, Medford, Chairman; Mrs. Mary E. Cogan, Stoneham, Secretary; Mrs. Margaret M. O'Riordan, Jamaica Plain; William F. Maguire, D.M.D., Randolph; William M. Collins, M.D., Lowell; Robert M. Beirne, Lawrence; James C. Coughlin, D.M.D., Lowell.

Regular meetings: Usually first Wednesday of each month.

Superintendent: Lawrence K. Kelley, LL.B., M.D.

Assistant Superintendent: Patrick J. Meehan, M.D.

Senior Physicians: Charles L. Trickey, M.D. (Director of Clinical Psychiatry); Henry Spencer Glidden, M.D. (Pathologist); Edward J. O'Donoghue, M.D.; C. Winthrop Houghton, M.D.; James F. Lawlor, M.D.; Louis W. Stern, M.D.

Assistant Physicians: Charles J. Carden, M.D.; George J. M. Grant, M.D.; Harry B. Plunkett, M.D.; William R. Green, M.D.; Timothy F. Regan, M.D.; Charles L. Holland, M.D.; Philip F. Bond, M.D.

Dentist: Charles D. Broe, D.M.D.

Steward: Thomas F. Flynn.

Chief Clerk: Robert E. Gay.

Visiting days: Every day from 10:00 A.M. to 4:00 P.M.

Staff meetings: Monday at 1:30 P.M.

Location: About one-half mile from bus line, Lowell to Boston, via Tewksbury five miles from Lowell; twenty miles from Boston.

WESTBOROUGH STATE HOSPITAL (opened 1886): —

Trustees: N. Emmons Paine, M.D., West Newton, Chairman; Katherine L. Sullivan, Canton, Secretary; Sadie E. Casey, Taunton; Sewall C. Brackett, Boston; Thomas F. Dolan, Newton; John A. Frye, Marlborough; John T. Neary, D.D.S., Southborough.

Regular meetings: Second Thursday of each month.

Superintendent: Walter E. Lang, M.D.

Assistant Superintendent: Rollin V. Hadley, M.D.

Senior Physicians: Betsy Coffin, M.D.; George E. Peatick, M.D.

Assistant Physicians: Howard T. Fiedler, M.D.; Henry M. Gardiner, M.D.; Dora E. Brault, M.D.; Frank S. Rozanski, M.D.; William J. Hornyak, M.D.

Pathologist: Lydia B. Pierce, M.D.

Dentist: Paul L. Budge, D.D.S.

Steward: P. I. Wiley.

Treasurer: Carrie G. Poor.

Visiting days: Every day.

Staff meetings: Daily.

Location: Two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford).

WORCESTER STATE HOSPITAL (opened 1833): —

Trustees: William J. Delahanty, M.D., Worcester, Chairman; Mrs. Anna C. Tatman, Worcester, Secretary; Mrs. Frank Dresser, Worcester; John L. Bianchi, Worcester; Robert F. Portle, Worcester; Harry Kenney, Boston; Robert Burns, Auburn.

Regular meetings: Second Tuesday of each month.

Superintendent: William A. Bryan, M.D.

Assistant Superintendent: Francis H. Sleeper, M.D.

Clinical Director: Morris Yorshis, M.D.

Senior Physicians: Walter E. Barton, M.D.; Lonnie O. Farrar, M.D.; Arthur J. Gavigan, M.D.; Embrie J. Borkovic, M.D.

Assistant Physicians: Frances Cottington, M.D.; James Watson, M.D.; Maurice Greenhill, M.D.; Norman D. Render, M.D.

Pathologist: William Freeman, M.D.

Dentist: Simon G. Harootian, D.D.S.

Steward: Herbert W. Smith.

Treasurer: Margaret T. Crimmins.

Visiting days: Tuesdays, Saturdays, Sundays and holidays from 9 to 11 A.M., 1:30 to 4:30 P.M.

Staff meetings: Daily.

Locations: Belmont Street, Worcester, one and a half miles from Union Station (Boston & Albany; New York, New Haven & Hartford; and Boston & Maine). The Summer Street Department is located in the building formerly known as the Worcester State Asylum, on Summer Street, about five minutes' walk from the Union Station.

Correspondence relating to patients should be addressed to the Superintendent, Worcester State Hospital, Worcester, Mass.

Correspondence intended for Steward or Treasurer of the Hospital should be addressed to the Worcester State Hospital, Worcester, Mass.

STATE SCHOOLS FOR MENTAL DEFECTIVES

BELCHERTOWN STATE SCHOOL (for the mentally deficient; opened 1922): —

Post Office and railroad station, Belchertown, Mass. (Central Vermont Railroad from Palmer or Amherst; Boston & Maine for freight only. Busses from Springfield, Holyoke, Amherst and Ware.)

Trustees: James L. Harrop, Worcester, Chairman; Edwin C. Gilbert, M.D., Springfield, Secretary; Mrs. Bessie F. Dewey, Northampton; Mrs. Henry F. Nash, Greenfield; James H. Dillon, Holyoke; Frederick P. Bulman, Athol; vacancy.

Regular meetings: Second Thursday of each month.

Superintendent: George E. McPherson, M.D.

Assistant Superintendent: Raymond A. Kinmonth, M.D.

Senior Physicians: John T. Shea, M.D.; Herbert L. Flynn, M.D.; Lois E. Taylor, M.D.

Assistant Physician: Lulu H. Warner, M.D.

Dentist: Arthur E. Westwell, D.M.D.

Steward: John J. Cronin.

Treasurer: Dora B. Wesley.

Visiting days: Every day, except holidays, 9:30 to 11:30 A.M., 1:30 to 4:30 P.M., and at other times by special permission.

Staff meetings: Daily at 9:00 A.M.

Location: One-quarter mile from railroad station. On the state road to Holyoke and one-half mile from the center of the town.

WALTER E. FERNALD STATE SCHOOL AT WALTHAM (opened 1848):—

Post Office and railroad station, Waverley (Boston & Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D., President, Cambridge; Rev. Russell H. Stafford, Brookline; Mrs. Margaret H. Fernald, Marlborough; Mrs. Ray B. Jacobs, Boston; Mr. Louis S. Haddad, Marlborough; Mrs. Julia T. Boyle, Cambridge.

Trustees appointed by the Corporation: Stephen Bowen, Treasurer, Boston; Charles Francis Adams, Concord, Vice-President; Paul R. Withington, M.D., Milton; Roger S. Warner, Ipswich; Donald Gregg, M.D., Wellesley, Secretary; Charles E. Ware, Fitchburg.

Quarterly meetings: Second Thursday of October, January, April and July.

Annual meetings: Second Thursday in December.

Superintendent: Ransom A. Greene, M.D.

Assistant Superintendent: Malcolm J. Farrell, M.D.

Clinical Director: Paul I. Yakovlev, M.D.

Senior Physicians: L. Maude Warren, M.D.; Esther S. B. Woodward, M.D.; Mary T. Muldoon, M.D.; Fred Vere Dowling, M.D.

Assistant Physicians: John D. Maloney, M.D.; Lawrence P. Bowser, M.D.; Constance G. Hartwell, M.D.

Dentist: Maurice W. Blumsack, D.M.D.

Treasurer: Emily E. Guild.

Steward: Henry R. Rose.

Visiting days: For the parents or friends of the patients, Wednesday, Thursday, and Saturday afternoons, and the first Sunday of each month.

Staff meetings: Daily at 9 A.M.

Location: About one mile from Waverley station (Fitchburg Division and Southern Division, Boston & Maine), or Boston Elevated from Harvard Square.

WRENTHAM STATE SCHOOL (opened 1907):—

Post Office and railroad station, Wrentham.

Trustees: Albert J. Sargent, Boxboro, Chairman; Mrs. William A. Murray, Milford, Secretary; Frank J. Nerney, Attleboro; Warren J. Swett, Canton; Judge James A. Mulhall, Quincy; Francis X. Powers, Worcester; Mrs. John M. Morrison, Brookline.

Regular meetings: Second Tuesday of every month.

Superintendent: C. Stanley Raymond, M.D.

Assistant Superintendent: Henry A. Tadgell, M.D.

Senior Physicians: Karl V. Quinn, M.D.; Bessie F. Brown, M.D.; Clemens E. Benda, M.D.; Charlotte A. Mitchell, M.D.

Assistant Physicians: John H. F. Connor, M.D.; Anne G. Levingston, M.D.

Dentist: John A. Nash, D.M.D.

Steward: Perry E. Curtis.

Treasurer: Elizabeth Oldham.

Visiting days: Every day 9 to 11 A.M., 1:15 to 4:30 P.M.

Location: Emerald Street, Wrentham, one mile from railroad station (New York New Haven and Hartford railroad). One-half mile from Winter Street stop. Boston and Providence bus line. Telephone: Wrentham 24.

PRIVATE INSTITUTIONS**FOR THE CARE OF MENTAL AND NERVOUS DISORDERS**

BOURNEWOOD HOSPITAL, George H. Torney, M.D., 300 South Street, Brookline. Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford) one mile distant. Easily reached by motor. Telephone: Parkway 0300.

CHANNING SANITARIUM, Donald Gregg, M.D., Wellesley Avenue, Wellesley.

DR. REEVES' SANITARIUM, Clarence M. Kelley, M.D., 283 Vinton Street, Melrose Highlands.

GLENSIDE, Mabel D. Ordway, M.D., 6 Parley Vale, Jamaica Plain.

MCLEAN HOSPITAL, For Nervous and Mental Patients (opened 1818):—

Department of the Massachusetts General Hospital Corporation.

Post Office and railroad station, Waverley (Boston & Maine R.R.).

President: William Endicott, Boston.

Vice-President: Francis Henry Appleton, Boston.

Treasurer: Henry R. Guild, Esq., Boston.

Secretary: Reginald Gray, Esq., Boston.

Trustees appointed by the Governor: Miss Betty Dumaine, Groton; Charles J. Dunn, Esq., Boston; Eben S. Draper, Boston; Michael A. Fredo, Esq., Boston.

Trustees appointed by the corporation: Henry K. Sherrill, Boston, Chairman; Sewall H. Fessenden, Boston; Algernon Coolidge, M.D., Boston; Phillips Ketchum, Boston; Hans Zinsser, M.D., Boston; John R. Macomber, Boston; Francis C. Gray, Esq., Boston; Lincoln Davis, M.D., Boston.

Regular meetings: In the Trustees' Room at the Massachusetts General Hospital in Boston on Fridays at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent Emeritus: Frederic H. Packard, M.D.

Director: W. Franklin Wood, M.D.

Psychiatrist-in-Chief: Kenneth J. Tillotson, M.D.

Senior Physicians: Rupert A. Chittick, M.D.; David A. Young, M.D.

Pathologist: vacancy.

Director of Laboratories: Elmer H. Stotz, Ph.D.

Resident Physicians: John B. Tompkins, M.D.; Daniel C. Dawes, M.D.; David Wies, M.D.; Wolfgang Sulzbach, M.D.; Paul M. Howard, M.D.; Lucie J. Jessner, M.D.; John E. Harty, M.D.; Beatrice R. Kershaw, M.D.

Psychologist: George E. Gardner, M.D.

Roentgenologist: James R. Lingley, M.D.

Dental Surgeon: George O. Bartlett, D.M.D.

Visiting Internist: Wyman Richardson, M.D.

Staff meetings: Wednesdays and Fridays at 11:30 A.M.

RING SANATORIUM AND HOSPITAL, Inc., Hosea W. McAdoo, M.D., Arlington Heights

VETERANS' ADMINISTRATION FACILITY, No. 95, Northampton, Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases; opened May 12, 1924): —

Under control of Veterans' Administration, Washington, D. C.

Administrator of Veterans' Affairs: Gen. Frank T. Hines, Washington, D. C.

Assistant Administrator: Colonel George E. Ijams, Washington, D. C.

Medical Director: Charles M. Griffith, M.D., Washington, D. C.

Manager: Frank E. Leslie, M.D., Northampton, Massachusetts.

Clinical Director: Frederick R. Sims, M.D.

Ward Surgeons: Sidney Rosenbliett, M.D.; Fred E. Steele, Jr., M.D.; Ralph W. Brown, M.D.; Louis V. Manley, M.D.; Donald B. Williams, M.D.; Joseph S. Miller, M.D.; Yudell K. Slocum, M.D.; William J. Johnson, M.D.

Chief of Clinical Laboratory: Louis V. Manley, M.D.

Chief of Dental Service: Francis J. Rogers, D.M.D.

Chief of Roentgenology Laboratory: Louis V. Manley, M.D.

Consultant in Ear, Nose and Throat: Joseph D. Collins, M.D.

Consultant in Ophthalmology: Frank E. Dow, M.D.

Consultant in Surgery: Thomas F. Corriden, M.D.

Consultant in Roentgenology: None. (Louis V. Manley, M.D., Staff Roentgenologist.)

Staff meetings: Mondays, Wednesdays, and Fridays. Time of meetings: 10:30 A.M.

Location: North Main Street, Florence, Massachusetts. One mile beyond the village of Florence, on the Berkshire Trail. Bus connection from Northampton.

VETERANS' ADMINISTRATION FACILITY, No. 107, Bedford, Mass. (for beneficiaries of the Veterans' Administration, suffering from nervous or mental diseases, opened July 17, 1928): —

Under control of Veterans' Administration, Washington, D. C.

Administrator of Veterans' Affairs: General Frank T. Hines, Washington, D. C.

Medical Director: Charles M. Griffith, M.D.

Manager: Winthrop Adams, M.D.

Clinical Director: Walter P. Burrier, M.D.

Pathologist and Ward Surgeon: Antonino Triolo, M.D.

Ward Surgeons: Aaron H. Braverman, M.D.; John F. O'Brien, M.D.; Dayton C. Wiggins, M.D.; Antonino Triolo, M.D.; Dana P. Stearns, M.D.; Waldemere G. Richter, M.D.; Frank Racz, M.D.; Joseph M. Caputo, M.D.

Chief of Dental Service: William E. Sinton, D.M.D.

Consultant in Eye, Ear, Nose and Throat: George A. Leahey, M.D.

Consultant in Roentgenology: John H. Lambert, M.D.

Consultant in Dermatology: C. Guy Lane, M.D.

Consultant in Surgery: Henry C. Marble, M.D.

Consultant in Genito-Urinary Surgery: Sylvester B. Kelley, M.D.

Consultant in Internal Medicine: G. Philip Grabfield, M.D.

Staff meetings: Tuesdays, Wednesdays and Fridays at 10:00 A.M.

Location: Springs Road, Bedford, Mass. One mile in from State Highway. Bus connection from Arlington Heights, Mass.

WESTWOOD LODGE, William J. Hammond, M.D., Westwood.

WISWALL SANATORIUM, Edward H. Wiswall, M.D., 203 Grove Street, Wellesley.

BOSWORTH HOSPITAL, George A. Gaunt, M.D., 166 Lancaster Terrace, Brookline.

FOR THE CARE OF PERSONS ADDICTED TO THE INTEMPERATE USE OF NARCOTICS OR STIMULANTS

PRIVATE HOSPITAL, Frederick L. Taylor, M.D., 45 Center Street, Roxbury.

WASHINGTONIAN HOME, Hugh Barr Gray, M.D., 41 Waltham Street, Boston.

GROVE HALL INSTITUTE, George Colton Moore, M.D., 232 Townsend Street, Roxbury.

FOR THE CARE OF MENTAL DEFECTIVES

CLARKE SCHOOL, Miss Edith G. Clarke, 16 Summit Street, Newton.

ELM HILL PRIVATE SCHOOL AND HOME FOR THE FEEBLE-MINDED, George A. Brown, M.D., Barre (Central Massachusetts Branch, Boston & Maine).

THE FREER SCHOOL, for girls only, Miss Cora E. Morse, 31 Park Circle, Arlington Heights.

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Assistant Physician: Shari Band Gaspar, M.D.

Visiting days: Every day except Sunday.

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FOR THE CARE OF FEEBLE-MINDED AND EPILEPTIC

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